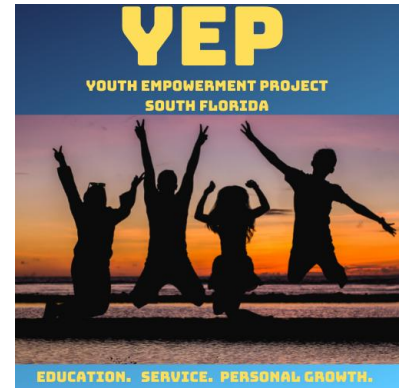




PERMISSION SLIP

Youth Empowerment Project
Zion Evangelical Lutheran Church



Please read this slip carefully, fill out completely, sign and return. If under the age of 18, your young adult **MUST** have a signed permission slip in order to attend. Thank you.

Name: _____ **Date of Birth:** _____

Address: _____

Phone #: _____

I, _____ as parent / guardian of the above named young adult, give him / her / them permission to participate in the activities of the Youth Empowerment Project of Zion Evangelical Lutheran Church. I release the church and its representatives from any liability in the event of an accident en route, during, or returning from an activity. I also authorize them to obtain any emergency medical attention that may be required during my child's attendance.

Signed: _____ **Date:** _____

Phone #: _____

Alternate Emergency Contact: _____

Phone #: _____

Special Medical Needs

Are there any specific or special medical needs or allergies that we should be aware of for your child? Please list them below along with any information that could be helpful. If you should need more space please write on the back of this form. Thank you.

