

Youth Permission Slip

For activities at Trinity Lutheran Church

1553 Kinney Ave.

Cincinnati, Ohio 45231

Office 513 521-3026 — Jean Mabry 513-237-3012

I give permission for my child _____
to participate in the planned activities with the Trinity Youth Group designated below. I understand that reasonable plans have been made to ensure the safety and welfare of all participants. I also understand that volunteer adults and staff will be chaperoning youth activities and will take reasonable actions as they deem necessary to protect the best interests of all participants. In signing this document, my child agrees to conduct himself/herself in a safe and orderly manner and will cooperate/comply with decisions made by the adult chaperones.

Activity _____ Date _____ Time _____

Trinity Youth Group (circle one)

Junior High (grades 7-8)

Senior High (grades 9-12)

Other _____

Transportation: Trinity Transportation _____ Parents driving _____
Youth driving (HS) _____

I have read and understand the conditions described above and give permission for my child to participate in this youth group activity.

I give my son/daughter _____ my permission to ride the church provided vehicles for youth related activities: and release Trinity Lutheran Church from any damages which may result due to accident or injury. I, the undersigned, hereby authorize a representative of Trinity Lutheran Church to consent to and authorize emergency medical treatment, surgery or dental care to be given to my son/daughter as considered advisable or necessary in the judgment of an emergency medical professional or attending physician.

Parent or Guardian (print)

Date

Home phone _____

Cell phone _____

Other phone _____

Signature _____