



St. John's Evangelical Lutheran Church
99 Church Street, Hamburg, PA 19526-1213

PERMISSION SLIP

I/We hereby give permission for _____
(Student's Name)
_____ on _____ . I/We understand that such reasonable precautions will be taken to safeguard my child on this trip as are taken in all other church activities, and I/We will not hold the leaders or the church responsible for any accident or loss which might occur.

Should emergency medical assistance be needed and I/We are unable to be contacted, I/We give permission for such medical assistance to be administered.

In Case of emergency, please call _____
(Name) (Phone number)

Or (2nd emergency contact) _____
(Name) (Phone number)

Any medical information we should know about _____

Health Carrier _____ Group/Policy # _____ ID# _____

EVENTS REQUIRING TRANSPORTATION

X For events that require transportation, I give my child permission to be transported to and from events in the church van or individual car by approved church drivers/volunteers.

(Parent/Guardian signature)

(Date)