



# Grace Lutheran Church

P.O. Box 496

Mastic Beach, New York, 11951

## PARENT or GUARDIAN EVENT PERMISSION AND AUTHORIZATION FORM

\_\_\_\_\_ has my permission to attend the following event(s):  
(Youth's Name)

Event:

Event: will be held at: \_\_\_\_\_

Date(s): \_\_\_\_\_ Departure time: \_\_\_\_\_ Arrival time: \_\_\_\_\_

People/Person in Charge: \_\_\_\_\_

Health Needs: **Initial** as appropriate.

\_\_\_\_\_ My child has **NO** health needs the staff should be aware of and **NO** medication required on the trip or at this event.

\_\_\_\_\_ My child **HAS** a special health need, \_\_\_\_\_ and the following medication should be given to the person in charge to have along: \_\_\_\_\_

\_\_\_\_\_ My child **can receive Over the Counter Medications** if needed.

\_\_\_\_\_ My child is allergic to: \_\_\_\_\_

I fully understand that participants are to abide by all the rules and regulations governing conduct during the trip. If my child's conduct is inappropriate or potentially harmful to himself/herself or others attending I will be responsible to pick them up at my expense.

I understand that I hold Grace Lutheran Church, its employees and volunteers, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity.

Parent/Guardian Signature

Date Signed

Home Address

Telephone

Youth's date of birth

Taken from the Bible Study Web Site at [www.biblestudy.org](http://www.biblestudy.org)  
Bible Study: *You have Questions. The Bible has Answers.*