

# Temporary Permission Form

## Messiah Lutheran Church Youth Ministry

Date \_\_\_\_\_

My child, \_\_\_\_\_, has my permission to go to

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with the youth and counselors of Messiah Lutheran Church on \_\_\_\_\_.

I will not hold anyone involved liable.

In case of an emergency, Elizabeth Ledford, Matt Lee, or a Messiah youth counselor has my permission to seek medical care for my child.

In case of an emergency, I can be reached at \_\_\_\_\_.

My child is allergic to \_\_\_\_\_.

My insurance company is \_\_\_\_\_.

My policy number is \_\_\_\_\_.

Parent's printed name: \_\_\_\_\_.

Parent's Signature: \_\_\_\_\_.