

Permission and Emergency Contact Information

I hereby give permission for _____ to go to _____ on _____ with Advent Evangelical Lutheran Church's youth group. I understand that _____ will be the lead adult chaperone for the event and that other members of Advent Evangelical Lutheran Church, Upper Arlington, Ohio, will serve as additional chaperones as needed.

I understand that if there is transportation to the event that only adults with valid Ohio driver's licenses will be permitted to operate motor vehicles transporting Advent Evangelical Lutheran Church's participants, and that such vehicles will be covered by at least the minimum motor vehicle liability insurance coverage required under Ohio law.

By signing below, I release _____ (lead adult chaperone), all other members of Advent Evangelical Lutheran Church serving as chaperones, Advent Evangelical Lutheran Church, and the Pastor of Advent Evangelical Lutheran Church, from any liability whatsoever arising from any action taken or omission made by any party while my child is in the care of _____ as provided above.

Emergency Contact Information:

In case of emergency please contact: _____

Phone: Cell: () _____ Hm: () _____ Wk: () _____

Address: _____

Doctor: _____ Dentist: _____

Doctor Phone: () _____ Dentist Phone: () _____

Insurance Carrier: _____

Policy #: _____ Phone: _____

Address: _____

____ I hereby authorize, in the case of emergency, any medical or dental care or treatment deemed necessary for _____.

Signed:

Parent or Guardian: _____ Date: _____