

**Saint Nicholas Lutheran Church, Huntingtown, MD**  
**Parental/Guardian Permission Form for Youth Events**

\_\_\_\_\_ has my permission to accompany the youth of Saint Nicholas Lutheran Church,  
(Participant's Name)

along with an appropriate number of adult chaperones to \_\_\_\_\_

located at \_\_\_\_\_ . The event date is \_\_\_\_\_

the event time is \_\_\_\_\_ to \_\_\_\_\_ . The cost of the event is \_\_\_\_\_

\_\_\_\_\_  
(event details, if needed)

**Contact Info:** During the event, I can be reached at this number: \_\_\_\_\_

In an emergency if I cannot be reached please contact: \_\_\_\_\_  
at \_\_\_\_\_

\_\_\_\_\_  
**Signed** \_\_\_\_\_ Date \_\_\_\_\_  
(parent or guardian signature)

If I cannot pick up my child from this activity I give my permission for \_\_\_\_\_

to take my child home. Their phone number is \_\_\_\_\_ . In the event that this person cannot

be reached, I give my permission to an adult chaperone or the pastor to bring my child home.

**Signed** \_\_\_\_\_  
(parent or guardian signature)

**Medical or Special Considerations**

\_\_\_\_\_  
(please list medical or special considerations)

In the case of inability to reach me, I give permission for the chaperone in charge to authorize emergency

medical care for my child. **Signed** \_\_\_\_\_  
(Parent or guardian)

**Insurance Information** (if possible, please provide a copy of your insurance card):

Insurance Company Name \_\_\_\_\_

Policy Holders Name \_\_\_\_\_

Policy or ID # \_\_\_\_\_

**I give permission for my child's picture to be used for Saint Nicholas publications** (press releases, website,

displays for the congregation, etc.) **Signed** \_\_\_\_\_  
(parent or guardian)