

**Saint Timothy Lutheran Church
Youth Ministries
Permission Form**

_____ has my permission to attend
Name

_____ on the following dates _____
Function Date(s) of Function

It is my understanding that the chaperones will take all precautions to ensure the safety of my child. However, should an emergency occur, I authorize any of the chaperones, acting on my behalf, to seek medical treatment for my child. I understand that I cannot hold the chaperones, St. Timothy's Youth Group, St. Timothy Lutheran Church, or James Island County Park responsible for any accidents.

Parent's Signature

Parent's Email address

Telephone Number(s)

Date

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Youth's Name

Insurance Company

Insurance ID#

Telephone # of Insurance Provider

Please list any medical conditions that the chaperones should be aware of or any medications the youth is currently taking, including dosage. Please list dosage of Tylenol or Advil your child would take if needed.

Please attach a copy of your insurance card (both sides).