

**JOY LUTHERAN CHURCH
Activities Permission Slip**

Name: _____

Address: _____

Phone #: _____

Birthdate: _____

Mother's Name: _____

Address & Phone (if different): _____

Work Phone: _____

Father's Name: _____

Address & Phone (if different): _____

Work Phone: _____

I give my child permission to participate in and be transported to all activities sponsored by Joy Lutheran Church.

Parents signature: _____

I hereby give my consent for emergency medical care or treatment at the nearest medical facility, to be used only if I cannot be reached immediately.

Parents signature: _____

Emergency Contact (other than parent): _____

My child's special medical problems:

Please list any allergies, medications, history, and please include food allergies:

Please list any other information that may be useful in the event of an emergency.

Insurance / HMO: _____

Policy #: _____

Child's Physician and medical facility

Name: _____

Address: _____

Phone #: _____

Joy Lutheran has permission to publish photos of my child: _____

(signature)