

East Side Lutheran Church
1300 East 10th Street
Sioux Falls, SD 57103
605-336-3597 www.eastsidlc.org

**Senior High Youth
Permission**

My son/daughter _____ has permission to attend the various field trips and events associated with the Senior High Youth Group at East Side Lutheran Church. I do further give my permission to the chaperones to obtain and administer such medical aid as might be required for the immediate care of my son/daughter in the event such help of an emergency nature becomes necessary. I also give my permission to include the administration of such medicines or treatment as might be ordered or administered by a duly licensed physician. It is further understood, that the church, its officers, pastors, or chaperones will not be held liable for any first-aid rendered, or treatment, drugs, or medicines administered, or surgical procedure performed pursuant to this consent. In addition; East Side Lutheran Church may use any pictures or videos that my child appears in for promotional purposes.

Parent(s) or Guardian Signature: _____

Please print signer's name: _____ Date _____

(This permission form will be valid for 1 year from date signed.)

Parents:

If needed, would you be able to act as a chaperone and/or drive for Youth Group activities?

YES NO

Address: _____

Telephone: _____ OR _____

Emergency Contact: _____

Telephone: _____ OR _____

Any restrictions from normal activities? _____

Allergies or Current Medications: _____
