

Hope Lutheran Church

Youth Participation Authorization

I consent as parent (or legal guardian) to permit _____, my son/daughter to attend _____ with the Hope Lutheran Church youth group on _____. I realize the cost of this outing is _____. I further consent to and acknowledge that my child will be driven to the outing in a vehicle operated by a person authorized by you to do so.

Date

Signature of parent or guardian

Additional information:

- Is your child on any medication which the adult sponsors of Hope Lutheran Church need to know about? _____
If yes, what is the name of the medication, are there any side effects of which we should be aware, and when during the outing, if at any time, must the medication be taken? _____
- Is your child under any dietary restrictions? _____
If yes, please indicate the specific restriction: _____
- Is there anything else regarding your child of which we should be aware? _____

If I am not submitting an Emergency Authorization form with this Authorization, I acknowledge that the Emergency Information Form previously submitted remains accurate in all respects. *(Emergency Authorization and/or Emergency Information Form is required for participation.)*

Date

Signature of Parent or Guardian