

## ST. JOHN'S YOUTH PERMISSION SLIP FOR A FRIEND

Due to Insurance regulations, we are required to have a signed permission slip from parent or guardian in order for their son or daughter to participate in youth activities sponsored by St. John's Lutheran Church. Please fill in the permission form and necessary information.

\_\_\_\_\_ Has permission to participate in \_\_\_\_\_  
(Name of Child) (Name of Activity)

sponsored by St. John's Lutheran Church, Depew, NY, on \_\_\_\_\_.  
(Date or dates)

\_\_\_\_\_  
(Signature of Parent or Guardian) (Date)

Please fill out the following information in case of emergency:

Family Medical Insurance Co. \_\_\_\_\_ Group # \_\_\_\_\_ ID # \_\_\_\_\_

My child's family doctor is: \_\_\_\_\_

His/her doctor's address is: \_\_\_\_\_

Doctor's Telephone Number: \_\_\_\_\_

My child is allergic to the following: \_\_\_\_\_

My child has special medication for  
and is required to take it

\_\_\_\_\_  
(Special instructions for medication)

My child has had the following illnesses: (Please check the appropriate ones)

\_\_\_\_\_ Chicken Pox

\_\_\_\_\_ Breathing Problems

\_\_\_\_\_ Measles

\_\_\_\_\_ Heart or Lung Problems

\_\_\_\_\_ Flu Vaccine

\_\_\_\_\_ Poison Oak/Ivy

Received his/her last tetanus shot on \_\_\_\_\_

His/her blood type is \_\_\_\_\_

If you have further concerns, please include them on the reverse side.