

Concordia Evangelical Lutheran Church

3003 Silverside Road–Wilmington, DE 19810

Concordiade.com

Permission Slip for Youth Event

I hereby give my permission for my son/daughter, _____,

to participate in _____.

Residential Parent of Guardian:

Mother: _____ Father: _____

Address: _____

I can be reached at the following numbers: _____

Child's Address: _____

Child's Birth Date: _____ Church: _____

Group Leader: _____

General Health Information for my Child

Any allergies or illness: _____

Taking any Medications: _____

Wearing Glasses? _____ Contacts _____

Approximate time of last tetanus shot: _____

Health Insurance Company: _____ Policy #: _____

To the best of my knowledge, the above health information is correct and the above named person has my permission to engage in all activities unless otherwise stated. In the event of an emergency and I cannot be reached, I hereby give permission to the healthcare provider selected by the group leader to secure proper treatment for my child.

Date

Parent

(Please complete this portion of the form *only* if you are taking medication)

PARENTS REQUEST FOR THE ADMINISTRATION OF MEDICATION BY GROUP LEADER

I hereby authorize, request, and give my consent to Concordia Evangelical Lutheran Church or other responsible person, to store, supervise, and/or administer the following medication to my child.

Prescribed Medication: _____
(Doctor's written note attached)

Non-Prescription Medication: _____

Name of Child: _____

Address: _____

Name of Medication, dose, and route of administration: _____

Time of day to administer: _____

Date to begin Medication: _____

Date to Complete Medication: _____

It is impossible to arrange for the medication to be taken at home, therefore it must be administered during the event: Yes _____ No _____

Please regard my signature below as my assurance that I release Concordia Evangelical Lutheran Church and Medical staff from any liability or damages resulting from the consequences of or adverse reaction of our child's taking or failing to take this medication at the times prescribed. I also agree to keep the church informed in writing of any revision in the physician's prescription. I have had the opportunity to ask any questions. They have been fully answered to my satisfactions:

Date

Signature of Parent or Guardian