



YOUTH MINISTRY PERMISSION FORM

Bethany Lutheran Church

Long Beach, California 90808



**PLEASE PRINT ALL INFORMATION*

Participant's Name: _____

Participant's School*: _____ **Grade:** _____

**If participant attends Bethany Lutheran School, please indicate Teacher's Name:* _____

The undersigned does hereby give permission for my youth _____ to attend and participate in any Bethany Lutheran Church Youth Ministry activities, events including but not limited to, servant events, retreats, Confirmation events, dances and Bible studies during the period of

September 1, 2019 – August 31, 2020.

1. I acknowledge that an activity could be dangerous (under certain circumstances) and that my child is not required to participate in it. I expressly request that my child voluntarily participate in the event.
2. I waive and forever release and discharge Bethany Lutheran Church, its Board of Youth, and its officers, employees and agents from a liability, claims, loss, cost or expense arising from or attributable to the above mentioned event.

To the best of my knowledge, my child has no physical condition, which would interfere with his/her ability to participate in or attend this event or would endanger his/her health or any other participant's health.

Date

Signature of Parent/Guardian

MEDICAL AUTHORIZATION

Should my child need to have medical treatment while participating in an event, I hereby give Bethany Lutheran Church personnel permission to use their judgement in obtaining medical service for my child and I give permission to the physician selected by Bethany Lutheran Church personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that Bethany Lutheran Church has no insurance covering such medical or hospital costs incurred for my child and, therefore, any costs incurred for such treatment shall be my sole responsibility.

(Print) Participant's Name	Medical Insurance Co.

Emergency Phone #	Medical Insurance #

Home Address	

Home phone #	Cell phone #

(Print) Parent(s) Name	Business Phone #

Signature of Parent/Guardian	Date

Please list any medical concerns your child may have such as allergies, diabetes, asthma, etc.:
