

ATTACHMENT 5

**PERMISSION SLIP
EVANGELICAL LUTHERAN CHURCH
130 NORTH WASHINGTON STREET
GREENCASTLE, PA 17725**

INSTRUCTIONS:

Event organizers fill out blanks marked by a cross (+).
Parents fill out the blanks marked by an asterisk (*).

Event Date: +_____

Return Slip by: +_____

Permission Slip

* _____ has my permission to participate in the following child/youth group activity, +_____, on +_____. The group will leave from the church at +_____ and return at +_____.

Supervisors for this event will be: +_____

My child is asked to bring +_____

In case of emergency, call * _____

Phone Number where you can be reached during the outing * _____

Second contact person and his/her telephone number during the outing* _____

Medical Concerns:* _____

Medications Taken:* _____

*In am willing to chaperon/drive if needed: **YES** **NO**

*Authorization is granted to take pictures of your child and post to the Church Website and restricted private group access Church established Social Media Sites. _____

* _____ *

Signature of Parent or Guardian

Date