



2730 Bridge Road † Suffolk, Virginia 23435

A congregation of the Virginia Synod, ELCA

Youth Event Permission Form

My child, (Print Child's name) has permission to attend (Name of event)

with Faith Lutheran Church on (date). I/We, (Print parent/guardian name)

can be reached at one of the following phone numbers in case of an emergency during this church event:

(phone number)
(phone number)

If unable to reach me/us, I/we (Print parent/guardian name) give permission to the

Faith Lutheran Youth Leaders to have (Print Child's name) treated in the case of a medical emergency.

(parent/guardian signature)
(parent/guardian signature)

Medical Insurance Carrier and Policy Number:

Known Allergies:

Medications:

Photo Release

Photos of youth (not identified by name) may be used for publication by Faith Lutheran Church. I grant to Faith Lutheran Church the right to take photographs of my child in connection with the above-identified event. I authorize Faith Lutheran Church, its assign, and transferees to copyright, use, and publish the same in print and/or electronically.

I agree that Faith Lutheran Church may use such photographs of my child (not identified by name) for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content. I have read and understand the above:

(parent/guardian signature)
(parent/guardian printed name)