

PARENTAL PERMISSION FORM FOR OVERNIGHT EVENTS

In order for your child to be allowed to participate,
this form must be completed & delivered to Event Leader on or by _____.

Event: _____

Location: _____

Date(s): _____ Start Time: _____ End Time: _____

Child's Name and Age: _____

Parent's Name: _____

Parent's Address: _____

Phone: Cell: _____ Home: _____ Work: _____

(Circle best phone number to contact during this event.)

The caregiver listed below will transport my child to the event gathering place and pick up the child at the above stated time, if I cannot.

Caregiver's Name: _____

Caregiver's Address: _____

Phone: Cell: _____ Home: _____ Work: _____

(Circle best phone number to contact during this event.)

In the event of an emergency and the parent cannot be reached, please contact:

Contact Name: _____

Contact Address: _____

Phone: Cell: _____ Home: _____ Work: _____

(Circle best phone number to contact during this event.)

Consent to administer medication:

I _____ parent of _____ give consent to administer over the counter medications (such as Tylenol, Ibuprofen, Tums) with the exception of _____.

In addition I give consent for the administration of the following prescription drugs per directions.

My Child has the following allergies and should NOT be given the following medications or food:

I am the parent or legal guardian of the above-named child or youth. I hereby consent and give my permission for my named child to participate in the above over-night event. I further agree to pick up each child at the time the event is published to end or to designate a caregiver to pick up my child prior to delivering the child to the event. I hereby acknowledge that the Salem Lutheran Worker, who is in charge of this event, has explained to me the sleeping arrangements and with whom my child will be sharing a room. I hereby consent to said arrangements.

Date: _____

(Signature of parent)