

Salem Lutheran Church of Lenexa, Kansas, Inc.
**PARENTAL PERMISSION FORM FOR OFF-SITE EVENTS AND
TRANSPORTATION TO AND FROM OFF-SITE EVENTS**

In order for your child to be allowed to participate, this form must be completed & delivered to Event Leader on or by _____, 200__.

Event: _____

Location: _____

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

<i>Name of Child</i>	<i>Age of Child</i>	<i>Height and Weight if less than 14 years old</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If my child is less than 14 years old, I will provide a child passenger restraining seat that complies with Kansas law to the driver to this event to use for my child: YES NO

Parents' Names: _____

Parents' Address: _____

Phone #s Cell: _____ Home: _____ Work: _____

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

The caregiver listed below may deliver my child to the event gathering place and pick up the child at the above stated time, if I am unavailable.

Caregiver Name: _____

Caregiver Address: _____

Phone #s 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 #s Cell: _____ Home: _____ Work: _____

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

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 event and be transported to and from that event by a driver selected by Salem. 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.

Date: _____

(Signature of Parent)