

St. Paul Lutheran Church Youth Group Permission Form

Name of Youth: _____ Date of Birth: _____ Current Grade: _____

Home Address: _____ Date of Form: _____

Allergies and/or Restrictions: _____

Parent Name and Contact Number: _____

I, _____ (parent), give my permission for my child listed above to attend and participate in Youth Group activities conducted at and through St. Paul Lutheran Church in Taylor, TX.

XX

In the event of an emergency and you (parent) are not reachable, St. Paul Lutheran Youth Leaders and/or Pastor should contact the following responsible adult:

Emergency Contact Name, Relationship & Contact Info: _____

XX

In case of an emergency, or if the parent and/or emergency contact cannot be reached, I give permission for St. Paul Lutheran staff to provide emergency treatment or seek appropriate medical treatment for my child.

Parent Name: _____ Parent Signature: _____ Date: _____

St. Paul Lutheran Church
401 West 7th Street
Taylor, TX 76574

Pastor George Qualley
(812) 259-2530 – Cell
(512) 352-2327 – Office

Youth Leader Steven Morgan at (512) 925-3875 Youth Leader Elizabeth Morgan at (512) 925-1168

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