

**St. Matthew Lutheran Church**  
**Youth Group Permission Form 2019-2020**

By signing this form, I give my son(s)/daughter(s) permission to attend and participate in Youth Group activities at St. Matthew Lutheran Church. Such activities may take place on or off the church's property. These activities may include being with Youth Group for up to a weeklong event. I understand some extracurricular activities may be an additional cost to me and not paid for by the church. I will be notified of the activity cost in advance. This permission slip covers the 2019-2020 school year.

By signing I also permit youth leaders to contact me or my child using any information I provide below, including my child's email and cell phone number. If I do not permit this, I understand that I may leave these items blank.

Youth Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Youth Cell Phone (optional): \_\_\_\_\_

Youth E-mail (optional): \_\_\_\_\_

Grade \_\_\_\_\_ School District: \_\_\_\_\_

Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

1. Parent/Guardian's Name(s) \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. Parent/Guardian's Name(s) \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Parent/Guardian E-mail (required):** \_\_\_\_\_

Emergency Contact:

Name & Relationship to Youth: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Restrictions, Allergies, Medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_