

SPRING YOUTH RALLY PERMISSION SLIP

I give permission for _____ (please print) to attend the Spring Youth Rally sponsored by Zion Lutheran Church at the Lahti Retreat Center and participate in activities that will take place May 13-15, 2016.

I give medical personnel permission to treat him/her if such care is deemed necessary. I understand I will be contacted as soon as possible. If for any reason he/she should cause a discipline problem, I will be willing to come and pick up my child or take necessary actions.

Signed: _____ Date: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Medical Insurance Company & Contact Number:

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