



**Love Divine Fellowship  
Youth Group Off-Site Activity  
Permission Slip**

I hereby authorize and give my permission for \_\_\_\_\_ (Child's Name),  
to participate in the following Youth Group Off-Site Activity/Trip:

Date: \_\_\_\_\_ Event: \_\_\_\_\_

Location: \_\_\_\_\_

I understand that volunteer staff, chaperones and trip leaders will supervise my child while on this trip. I also understand that my child may be transported in private vehicles of volunteers.

**Check One:**

\_\_\_\_ My child needs no special considerations during this activity.

\_\_\_\_ My child has the following special needs or considerations related to this activity:

\_\_\_\_\_.

**Authorization for Emergency Treatment:**

I hereby give permission to the supervisors and authorized drivers of church off-site activities and other events of Love Divine Fellowship to consent to X-rays, tests, treatment, anesthetic, medical or surgical diagnosis or treatment, and necessary transportation for my child. In the event of an emergency, if I cannot be contacted I hereby give permission to the physician selected to administer treatment, including hospitalization for my child. I will pay the cost of any such medical procedures or treatment. I also agree to assume any and all financial responsibility for the participant's care while under the supervision of Love Divine Fellowship or its representatives. I hereby release and waive all claims against Love Divine Fellowship, its employees, representatives and volunteer drivers and chaperones related to this off-site activity.

This permission form has been signed only after understanding and considering all of the information set forth above.

Signature: \_\_\_\_\_

(Parent/Guardian)

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Love Divine Fellowship**

## Youth Information

Youth's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

### Parent/Guardian Name(s):

Name(s): \_\_\_\_\_

Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name(s): \_\_\_\_\_

Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Emergency Contact:

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

Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Known Allergies:

Special Needs: