

**Permission for Youth to Participate
with First Lutheran Church Hayward
Tuesday, June 11, 2019
Noah's Ark**

Child Name: _____ **Age:** _____

Adult Chaperone (if under age 12): _____

My child has my permission to attend Noah's Ark with First Lutheran Church. I understand that these activities will be supervised by adult members. In the event that I cannot be reached in an emergency, I hereby, give my permission to the physician selected by the adult in charge to secure proper treatment for my child named above.

HOME PHONE: _____ **CELL PHONE:** _____

EMERGENCY CONTACT IF PARENT IS UNAVAILABLE:

Name: _____ **Phone:** _____

Insurance Information:

INSURANCE COMPANY: _____

POLICY NUMBER: _____

IMPORTANT MEDICAL INFORMATION: _____

PHOTO RELEASE: I give permission to First Lutheran Church to share photos of my child through social media, bulletin boards, and newsletters. ___ Yes ___ No

Parent/Guardian Name (please print): _____

Signature: _____ **Date:** _____

I will be attending this trip with my child(ren):

Name: _____

Check one below:

___ ***I am willing to chaperone other children.***

___ ***I do not wish to chaperone others.***

Office Only:

Amount Paid: \$ _____

Cash or Check