

**Permission for Youth to Participate  
with First Lutheran Church Hayward  
Monday, June 7, 2021  
Noah's Ark**

**Child Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Attending w/child** \_\_\_yes \_\_\_no

**PARENT PHONE:** \_\_\_\_\_ **CHILD PHONE:** \_\_\_\_\_

**PARENT EMAIL:** \_\_\_\_\_

**INSURANCE INFORMATION:**

**Insurance company:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Important Medical Information:** \_\_\_\_\_

**EMERGENCY CONTACT (if parent is unavailable):**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

*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. If 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.*

**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:** \_\_\_\_\_

Office Only:  
Amount Paid: \$ \_\_\_\_\_  
Cash or Check