

**ASCENSION LUTHERAN CHURCH
YOUTH TRANSPORTATION & TRAVEL PERMISSION SLIP**

Name of Participant: _____ Age _____ D.O.B. ____/____/____

TRANSPORTATION

I, _____ (parent or legal guardian) hereby give permission to Ascension Lutheran Church ("the Church") to transport my child to and from Mime, Confirmation, and True Blue Youth Group related activities by bus or in a private vehicle driven by a volunteer over the age of 18 with a valid driver's license. I understand that the Church is not able to check the driving records and insurance coverage of all adult volunteers who may transport youth for such activities. However, I understand that the Church maintains an excess umbrella insurance policy generally covering the driving liability of its volunteers, as well as excess uninsured and underinsured motorist coverage.

MEDICAL INFORMATION**

I give the Church's staff and its volunteers permission to assess any accident, illness, or injury that may occur to my child while participating in Mime, Confirmation, and True Blue Youth Group related activities. In case of medical emergency, I understand that every effort will be made to contact the parent, guardian, and emergency contact person listed below. If none of those persons can be timely reached, I hereby authorize the Church's staff and volunteers to seek medical treatment for my child, and consent to emergency medical treatment, surgery or dental care to be given to my child only as considered advisable or necessary in the judgment of an emergency medical professional or attending physician.

Health Insurance Company _____
Health Insurance Policy # _____
Policy Holder _____
Minor's Physician _____ Phone: _____
Minor's Dentist _____ Phone: _____

Allergies, Medical Information, or other information you want the Church to be informed of:
(Please use back of page if you need more space)

Contact Information for Parent/Guardian:

Emergency Contact (Non-Household Member if you cannot be reached)

Contact 1: Name: _____
Home #: _____
Work #: _____
Cell #: _____

Name: _____
Home #: _____
Work #: _____
Cell #: _____

Contact 2: Name: _____
Home #: _____
Work #: _____
Cell #: _____

Signature(s) of Parent(s)/Guardian(s):

Dated: _____

****This is NOT intended as a general medical release. The Church and its volunteers will make all reasonable efforts to keep any medical information voluntarily provided by you private and confidential.****