

**Gloria Dei Lutheran Church  
DETOUR TO DICK'S DRIVE-IN  
Wednesday, December 7<sup>th</sup>  
Permission Slip Form**

**Please Bring \$\$ for your own food.**

Youth participating in the church activities which involve transportation or an overnight activity are to be provided with "Parental Permission Forms" which must be signed and returned to the leader of the sponsoring event before the activity.

**STATEMENT:**

I, the undersigned, state that I am the parent or guardian of \_\_\_\_\_ and that he/she has my permission to participate in **DETOUR TO DICK'S DRIVE-IN** sponsored by **Gloria Dei Lutheran Church**. I do hereby grant to **Gloria Dei Lutheran Church leaders** full power and authority to engage, employ and dismiss any Physicians, Nurses, Hospitals, or Clinics to apply medical attention and care to the aforementioned youth; authorize any special medical care and attention the leader deems in his/her sole discretion to be advisable and proper for the dates **Wednesday, December 7th, 2011 (6:30—7:30pm)**. I the undersigned further state that I do hereby grant to the *chaperones* full power and authority to control and discipline the aforementioned child/teen, but that such authority shall not extend to or include any form of physical corporal punishment to said youth. Our youth behavior covenant will be in effect for this event. I expressly waive any and all claims against the **Gloria Dei Lutheran Church** and/or any of its Councils and its leaders and representatives, because of illness, injury, or damage to the person or property of the aforementioned child/teen in connection with said activity. In the event of emergency, I may be reached at the following numbers:

Youth Participant Name: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent or Guardian) (Date)

\_\_\_\_\_  
(Printed Name of Parent)

\_\_\_\_\_  
(Home Phone Number) (Cell Phone Number)

Please note any information we need to know about your youth (medications, allergies, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**In case of emergency and I cannot be reached, please contact:**

\_\_\_\_\_  
(Name – Relationship) (Phone)