

**PERMISSION FORM
TRINITY EVANGELICAL LUTHERAN CHURCH**

I give permission for my son/daughter _____
to attend _____ on _____
with Trinity Lutheran Church. I will allow for any medical attention
deemed necessary by a physician should my child be injured during this
event.

Signature of Parent or Guardian

____ (please initial) This is a standing letter of authorization for.

I will inform Trinity Evangelical Lutheran Church in writing should any of the information on this form change within this timeframe. I understand that Trinity may request an updated form at any time.

Home Phone # _____ **Work/Cell #:** _____

Alternate Contact: _____ **Phone #:** _____

Insurance Company: _____

Policy/Group Number: _____

I am able to participate as a driver for this event:

Yes - # seats available (not including driver) _____

No