



# Early Release Days 2017

Permission Form

January 20<sup>th</sup> – June 15<sup>th</sup>, 2017

Evangelical Lutheran Church Mt. Horeb, WI

I give my child, \_\_\_\_\_, permission to participate in the above-mentioned events, and to partake fully in the activities, including off-site activities, that are included in these events. I authorize adult leadership to take necessary medical action if emergency need should arise. I also understand that if my child chooses not to abide by the covenant associated with the event, I may be asked to come and take my child home from the event and forfeit fees paid. **This form will cover permission for ALL Early Release Day activities Spring of 2017.**

Participant's name: \_\_\_\_\_

Age and grade: \_\_\_\_\_

Address: \_\_\_\_\_

Email and phone (cell or home): \_\_\_\_\_

Parent's name: \_\_\_\_\_

Address: \_\_\_\_\_

Email and phone (cell or home): \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Phone (cell or home) \_\_\_\_\_

Allergies or Medical conditions, including medications:

Other important information, including restrictions to mobility or activity:

Youth signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

*Your talent is God's gift to you. What you do with it is your gift to God.*