



2730 Bridge Road Suffolk, VA. 23435
*A congregation of the Virginia Synod,
Evangelical Lutheran Church in America*

Permission Form

_____ has permission to attend the event
(Print Child's name)

with Faith Lutheran Church on _____
(date)

I/We _____ can be reached at one of the
(Print parent/guardian name)

following phone numbers in case of an emergency during this church event.

(phone number)

(phone number)

If unable to reach me/us, I/We _____ give
(Print parent/guardian name)

permission to the Faith Lutheran Youth Leaders to have _____
(Print Child's name)

treated in the case of a medical emergency.

(parent/guardian signature)

(parent/guardian signature)

Thank you for your cooperation,
Faith Lutheran Youth