

Mount Carmel Lutheran Church, 1701 St. Anthony Parkway Minneapolis, MN 55418

Youth Ministry Permission Slip and Covenant

Name _____ Date ____ / ____ / ____
Last First MI

Home Phone (____) _____ - _____ Age _____ Grade _____

Emergency Contact * _____

(*someone who can make important decisions about the youth stated above.)

Phone Number(s) for The Emergency Contact: Home (____) _____ - _____

Work (____) _____ - _____

Cell (____) _____ - _____

Medical Information

*Are you on any Doctor Prescribed Medications _____ Yes _____ No

If Yes:

Medication Name	Dosage	Time Taken	Reason for medication
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**Adult supervisors reserve the right to hold on to all medications so that the medications are distributed properly.*

Any medical conditions or allergies that leader should be aware of _____ Yes _____ No

If Yes, Explain:

Covenant Youth and Parent/Guardian

I (the youth) understand that I shall act in a responsible manner by:

- a. Not partaking in or bringing alcohol, tobacco products, or illegal drugs during the event
- b. Treating everyone with respect and care.
- c. Obeying adult leaders and there authority in decision making.
- d. Participating in this Christian, faith based, event were we will sing spiritual songs, pray, and have biblical studies.

I understand that breaking this covenant would mean that I would be sent home (Parents are responsible for transportation)

Youth Signature _____

I (the parent or Guardian) understand:

- a. that even though the adult leaders will try their best to provide a safe environment, there is risk involved (like anywhere else)in this event. I understand that Mt. Carmel Lutheran Church or the adult leaders are not liable if the injury or death occur to your child.
- b. that this is a Christian, faith based, event where we will sing spiritual songs, pray, and have biblical studies.

Parent/Guardian Signature _____