

## Event/Activities Permission Form

Apostles Lutheran Church  
200 Kingsway Road  
Brandon, FL 33510  
(813) 689-2571

I hereby give my permission for \_\_\_\_\_, to participate in:  
(Name of child)

\_\_\_\_\_  
(Name of Event)

\_\_\_\_\_  
(Date of Event)

**All youth MUST have a Permission form and a Health form completed  
AND signed by a parent in order to participate in any youth event!**

I assume full responsibility for my child while he/she is in transit to and from the event/activity identified above.

In the event of an emergency or illness, the adult advisor(s) in charge of the Apostles youth have my permission to order medical treatment for my child.

The phone number(s) where I may be reached in case of an emergency are:

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

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

\_\_\_\_\_  
(Parent's signature)

\_\_\_\_\_  
(Date)