

**GOOD SHEPHERD LUTHERAN CHURCH**  
**Yucca Valley, CA**  
**ACTIVITY PERMISSION SLIP**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

As the parent or legal guardian for the above child, I give permission to participate in the following activity:

\_\_\_\_\_

\_\_\_\_\_  
(signature of parent/guardian) (Date)

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**EMERGENCY MEDICAL/DENTAL INFORMATION**

To be used if your child needs emergency medical/dental attention when you are not available. Good Shepherd Lutheran Church has my permission to secure emergency medical/dental treatment for my child, \_\_\_\_\_.

Physician name:

Insurance Company:

Policy #:

Below I have listed any known allergies or important medical information that those giving treatment should be aware:

Emergency phone numbers and names of person(s) to contact:

\_\_\_\_\_  
(signature of parent/guardian) (Date)