

Go and do likewise

Student Name		
Address		
Emergency Contact Information		
Name:	Relationship	
Phone: Home	Cell	
Special Needs: (Accessibility, food	Allergies, Medical, etc.)	
for a Service event at Aldi grocery	d to travel with the Saint Luke Lutheran Church High School Yo tore 9440 Georgia Avenue Silver Spring Md, Sunday March 1. elling in the Saint Luke van and/or with other adult drivers. The	The
Parent/Guardian Signature	Date	
In the event of an emergency and it	I cannot give authorization in person, the signature above	
gives authorization to the staff of th	s event to seek emergency medical treatment for the above	

named child. This authorization is only valid for this event.