

# **Saint Luke High School Youth Ministry Cookie Bake Lock-in**

9100 Colesville Road, Silver Spring, Maryland 20910-1694

Telephone: 301-588-4363

Student Name \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact Information Name: \_\_\_\_\_

Relationship \_\_\_\_\_

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

Special Needs: (Accessibility, food Allergies, Medical, etc.)

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

I hereby give permission for my child to attend the Saint Luke Lutheran Church High School Youth event "Cookie Bake Lock-In" at 9100 Colesville Road Silver Spring Md, Friday December 15 until Saturday December 16 at 9:00am. There is a no cost for this event.

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

In the event of an emergency and if I cannot give authorization in person, the signature above gives authorization to the staff of this event to seek emergency medical treatment for the above-named child. This authorization is only valid for this event