

Saint Luke High School Youth Ministry

Field of Screams

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 travel with the Saint Luke Lutheran Church High School Youth for a fellowship event at Field of Screams in Only Md, Saturday October 28. The Saint Luke Youth Group will be travelling in the Saint Luke van and/or with other adult drivers. This event will cost \$10.

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