

# **Saint Luke High School Youth Ministry Hunger - Service Project**

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.)

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I hereby give permission for my child to travel with the Saint Luke Lutheran Church High School Youth for a hunger Service project at Aldi shopping center on Sunday February 25. The Saint Luke Youth Group will be travelling in the Saint Luke van and/or with other adult drivers. 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