

# 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 November 2. 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