



Shopping for the food pantry – November 9 2025

Student Name _____

Address _____

Emergency Contact Information

Name: _____ Relationship _____

Phone: Home _____ Cell _____

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

I hereby give permission for the student listed above to travel with Saint Luke Lutheran church. .We will be leaving 915 Highland drive parking lot at 10:00am on November 9, traveling to Aldi supermarket at 9440 Georgia Ave, and returning to 915 Highland by 11:00am. We will be travelling in the Saint Luke van and/or with other adult drivers. There is 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.