

St. Matthew's Lutheran Church/St. Paul's Lutheran Church  
Off Site Church Activities Permission Slip

**Activity/Trip/Date:**

**Leader(s):** Sheila Lanzalotto 610-405-6860

**Itinerary:**

**PERMISSION REQUEST**

\_\_\_\_\_ has my/our permission to attend the off-site activity/trip as detailed above.

List all allergies and reactions to food, etc., special medicine, and/or any special needs:

\_\_\_\_\_  
I give my permission to give over the counter medications (ie. Tylenol, Advil, Motrin)

\_\_\_\_\_  
Signature

In case of an emergency I give my permission to seek medical assistance.

\_\_\_\_\_  
Signature

Emergency Contact (Name and Phone):

Child is covered by a health insurance policy: \_\_\_ yes \_\_\_ no

Policy Carrier and Policy Number:

\_\_\_\_\_  
I have read and understand above, agree to the information noted, and give permission for my child to attend the activity/trip detailed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date