

**LUMC Ministries Youth Revolution  
Permission Slip**

I give permission for my son/daughter \_\_\_\_\_, to  
(Name of youth)

attend the following youth group function \_\_\_\_\_ with  
(Event/Destination)

LUMC Ministries on these dates \_\_\_\_\_.  
(Date)

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Emergency Contact Info**

In case of an emergency or accident, I also give my permission for an adult team leader to authorize necessary medical care for above youth until such a time as a parent or guardian can be contacted. Below are emergency contacts and numbers to be called.

1.) \_\_\_\_\_  
(Name) (Phone) (Relationship)

2.) \_\_\_\_\_  
(Name) (Phone) (Relationship)

\_\_\_\_\_  
(Parent/ Guardian Signature)

\_\_\_\_\_  
(Date signed)