



## Permission Slip for Youth Outings

**This month's outings (check the events your child will be attending):**

<input type="checkbox"/> Jesus Culture Conference 2015	<input type="checkbox"/>	<input type="checkbox"/>
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Youth name: \_\_\_\_\_ Birthday: \_\_\_\_\_

In case of emergency contact: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Allergies (including medications you can NOT take): \_\_\_\_\_

Special Health Concerns: \_\_\_\_\_

I, \_\_\_\_\_ give permission/authorization for Emergency Care

as the parent or legal guardian of \_\_\_\_\_, I give permission for my child to travel with Living Truth's Youth Group to scheduled activities. In the event of an emergency or accident involving my child, I hereby grant permission to the Living Truth's authorities to transport my child to a hospital and/or obtain medical treatment if the emergency contact cannot be reached. I also agree not to hold Living Truth Church liable for any injury that my child may sustain during participation.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Living Truth** Christian Fellowship  
 1114 W. Ontario Ave., Corona, CA 92882  
**951-735-2856**  
*livingtruthcorona.org*