

**Youth Permission Slip**  
St. Matthew Lutheran Church  
1700 Edmonds Ave. NE  
Renton, WA. 98056  
425-226-2420  
[www.smlc.cc](http://www.smlc.cc)

I hereby give my permission for \_\_\_\_\_ to attend all events sponsored by St. Matthew's youth ministry.

**Parent/Guardian Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

Please indicate any restrictions or conditions the youth leaders should be aware of (i.e. allergies, medical conditions, regular medications, etc.): \_\_\_\_\_

\_\_\_\_\_

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**Medical Care Authorization**

I, \_\_\_\_\_ the parent/legal guardian of \_\_\_\_\_, hereby authorize any necessary hospital care or medical and surgical procedures to be performed for my child by a licensed physician or hospital when deemed necessary or advisable by a physician to safeguard my child's health in the event that I cannot be contacted. I waive my right of informed consent for such treatment.

**Signature of Parent/Guardian:** \_\_\_\_\_

**Child's Date of Birth:** \_\_\_\_\_

**Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Insurance Provider:** \_\_\_\_\_

**Insurance ID/Group Number:** \_\_\_\_\_

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\_\_\_\_\_ (please initial) I give permission for St. Matthew to use pictures of my child in church publications or on the church website.