

**OUR SAVIOR STUDENT MINISTRY (OSSM)  
PERMISSION SLIP**

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This form must be completed and signed by youth's parent or guardian each time the OSSM youth group leaves the premise of the church and school. No youth will be allowed to participate in an off-site activity without a permission slip.

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As a parent/legal guardian of \_\_\_\_\_, I have reviewed the information about the \_\_\_\_\_ event, and give permission for the subject of this release to be involved in the overall activities.

I/We have reviewed the rules of the activities and agree that the subject of this release will abide them. I/We also acknowledge that if the subject of the release has to return home early for discipline violations, it will be at my/our expense.

I/We understand all reasonable safety precautions will be taken at all times by OUR SAVIOR LUTHERAN CHURCH – OSSM YOUTH GROUP and its agents during the events and activities. I/We authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency. I/we understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/WE agree not to hold OUR SAVIOR LUTHERAN CHURCH – OSSM YOUTH GROUP, it's leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Phone number where you can be reached during event

\_\_\_\_\_  
Health/Med Ins. Co.

\_\_\_\_\_  
Policy Number  
(military provide sponsor's SSN)

**Please list on back of this Release Statement any allergies and/or medial conditions the subject of this release may have. Also list any prescription medication he/she may be taking at this time.**