



**FAITH LUTHERAN CHURCH**  
**PERMISSION FOR 5<sup>th</sup>-6<sup>th</sup> Grade**  
**Kids Camp 2017**  
**Service Project Excursions**



5<sup>th</sup> & 6<sup>th</sup> grade students at Kids Camp will be participating in off-site service projects. This is an incredible opportunity to be the hands, feet, and voice of Jesus in our community. **Your 5<sup>th</sup>/6<sup>th</sup> grade student can participate in these projects only if this permission form is completed.**

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Number parent can be reached in case of emergency: \_\_\_\_\_

Insurance Information: **PLEASE ATTACH A COPY OF YOUR INSURANCE CARD TO THIS FORM!**

Company \_\_\_\_\_ Policy # \_\_\_\_\_

**I give permission for my child to take part fully in: 5<sup>th</sup> & 6<sup>th</sup> grade Kids Camp Service Project Excursions.**

**Date: July 17-21, 2017**

I understand that every effort will be made to protect and safeguard my child as he/she travels with FAITH LUTHERAN CHURCH. I understand that all drivers will be over the age of 25 and all children will ride with appropriate restraints utilized in vehicles. I agree not to hold FAITH LUTHERAN CHURCH liable for any illness or injury which my child may sustain. I also, do hereby give permission for a physician selected by FAITH LUTHERAN CHURCH and its leaders to provide any treatment and/or procedure deemed necessary for my child in the case of a medical and/or surgical emergency. I understand I will be notified of such an emergency as soon as possible.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_