OUR SAVIOR STUDENT MINISTRY (OSSM)
PERMISSION SLIP

FOR ALL **ONE DAY EVENTS** FROM
SEPTEMBER 2011 – AUGUST 2012

This form must be completed and signed by youth's parent or guardian. This permission slip grants the OSSM youth leaders permission to take the student listed below on any youth event where the 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 on file.

As a parent/legal guardian of _____, I have reviewed the information about the OSSM Youth Program at OUR SAVIOR LUTHERAN CHURCH and the events for the2011-2012 program, 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 and 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	Additional Cell Phone Number(s)
Health/Med Ins. Co.	Policy Number (Military provide sponsor's last name and last four of 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. It is the parents responsibility to notify the OSSM Youth Leaders of any changes in medical conditions or medications.