

Latrobe Community Ministries Youth Revolution Permission Slip

I give permission for my son/daughter _____, to
(Name of youth)
attend the following youth group function _____
(Event/Destination)
with LCM Youth Revolution on these dates _____.
(Date)

LCM Youth Revolution Emergency Contact Info

In case of an emergency or accident, I also give my permission for an adult team leader to authorize necessary medical care for above youth until such a time as a parent or guardian can be contacted. Below are emergency contacts and numbers to be called.

- 1.) _____
(Name) (Phone) (Relationship)
- 2.) _____
(Name) (Phone) (Relationship)

(Parent/ Guardian Signature)

(Date signed)