

Parent Permission/Medical Release for Tubing at Mt. Kato

Name _____ Parent Name _____

Insurance Company and Policy Number _____

Home Phone _____ Cell Phone _____

I hereby grant permission for my son/daughter to go on the Our Savior's Lutheran trip to Mt. Kato on Sunday, January 22. In the event of a medical emergency where I cannot be reached, I hereby give permission to the adults in charge to get the necessary medical treatment. The cost is \$16. You may also bring snacks or your own sack lunch and/or money for snacks.

Parent/Guardian Signature _____ Date _____

Other name and number to contact in emergency:

Any medications or allergies we need to know about:

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