

YOUTH EVENT  
PERMISSION SLIP

PRINCE OF PEACE LUTHERAN CHURCH  
930 WEST HIGGINS ROAD  
SCHAUMBURG, ILLINOIS 60195  
847-885-7010

I/we give permission for my/our youth:

\_\_\_\_\_

to attend the Prince of Peace youth event

\_\_\_\_\_.

I/we give permission for my/our student to leave the church property with a chaperone at those times indicated on the schedule. I am/we are aware that transportation to and from those activities will be by adult drivers. In the case of a medical emergency, I/we hereby authorize the bearer of this form, a representative of Prince of Peace Lutheran Church of Schaumburg, IL, to seek out treatment by a licensed medical doctor for the minor listed above if I am unable to be reached at the numbers below.

Signed by parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Phone number(s) where I can be contacted: \_\_\_\_\_

\_\_\_\_\_