



## Child/Youth Ministry Guardianship Permission Form

CHILD/YOUTH FULL NAME:

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Date From \_\_\_\_\_ to \_\_\_\_\_

PARENTAL PERMISSION: I give permission for my child/youth to be in the care of \_\_\_\_\_ while attending and participating in activities sponsored by St. Mark's Lutheran Church. The guardian will sign my child/youth in and out of the Event, making sure they arrive and leave safely, letting me if anything happens during the event. My child/youth and I understand what this means.

\_\_\_\_\_  
Signature of Parent/Guardian

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

### Contact Details

Name of parent/guardian:

Phone Number:

Email:

\_\_\_\_\_  
Signature of Carer

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

### Contact Details

Name of Carer:

Phone Number:

Email: