

Oasis Youth Group Lock-In Consent Form

We the parents of _____, give permission for our child to attend the Lock-In at Lutheran Church of Our Savior from **Friday 4/28 at 7 P.M. to Saturday 4/29 at 12 P.M.** We release LCOS and any chaperone involved from any liability should something happen during the time our children are in their care during the event. We also give permission for medical care if needed as the leadership sees fit. We also give permission to transport our child to and from lunch in the church van.

Parent's Names: _____

Address: _____

Phone: Home _____

Work _____

Cell _____

Insurance Information

Company: _____

Insurance Number: _____

Known allergies: _____

Medical Problems: _____

Other Comments:

Parent Signature: _____ Date: _____