

_____ Church Youth Permission Slip

YOUR PARENTS FILL IN THIS PART:

I give permission for my son/daughter _____ to participate in _____ with _____ Church and/or the Episcopal Diocese of Maine. I give permission for his/her photograph taken at the event to be used for publicity purposes. I absolve the church, the Diocese of Maine, the sites and their employees and volunteers from responsibility for accident or injury which may occur during any aspect of this event, including transportation to, from and during the event. I give permission to the adult(s) in charge to give medications to him/her and to provide or get emergency medical treatment for him/her, and I will be financially responsible for any such treatment.

Insurance Company & Policy Number: _____

Important medical information: _____

Prescription Meds s/he is allowed to bring: _____

Print parents' names: _____

Emergency phone numbers of parents: _____

Parent's signature: _____ Date: _____

YOU FILL IN THIS PART:

Name: _____ Gender: _____ Grade: _____

First name for nametag: _____ Birthday: _____ Age: _____

Address: _____

Home Phone (land line): _____ Cell phone, if you have one: _____

Which phone is the best way to reach you? _____

E-mail: _____ Are you a vegetarian? _____

Your church and its town: _____ School: _____

Can we send you important information by e-mail? Yes No

Today's date: _____