

**St. John the Baptist Episcopal Church  
2008-2009 Participation Permission Form**

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

Full Name of Young Person: \_\_\_\_\_

Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Youth Email: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

**Parent/Guardian Release**

\_\_\_\_\_ (full name of participant), has my permission to participate in scheduled programs sponsored by St. John the Baptist Episcopal Church, Minneapolis, MN, including those that involve local transportation. I understand that all reasonable safeguards will be taken but that St. John's Episcopal Church and the leaders of this event are not responsible for accidental injury. In case of medical emergency, I the parent or legal guardian of \_\_\_\_\_, a minor, hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any licensed medical personnel on the staff or any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital care required, but is given to provide authority and power to render care, which is deemed advisable in the best judgment of the physician.

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

Birthdate of minor: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of policy holder: \_\_\_\_\_ Ins. Co. Phone: (    ) \_\_\_\_\_

Any food or drug allergies: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Medical Diagnoses or Medication: \_\_\_\_\_

If I cannot be reached, please contact: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Relationship: \_\_\_\_\_

**When completed, please mail or deliver this form to the Church  
(4201 Sheridan Avenue South, Minneapolis, MN 55410).**