

The Episcopal Church of the Advent 2018-2019

Youth Ministries Parental Permission and Medical Release Form

I give my child _____ permission to travel with the youth group of The Episcopal Church of the Advent for all youth events scheduled for the year from August 1, 2018— July 31, 2019. I am aware that the youth groups may travel via church van or private car. I do not hold the driver or The Episcopal Church of the Advent responsible. I give permission for a representative of The Episcopal Church of the Advent to provide emergency medical treatment if it is necessary.

Signature of parent/legal guardian: _____

Date: _____

Youth name: _____

Home address: _____

Home phone #: _____

Birth date: _____ Grade: _____

Medical coverage: _____ ID #: _____

Allergies: _____

Other medical issues/comments: _____

Parent/Guardian name: _____

Work phone #: _____ Cell phone #: _____

Email address: _____

Parent/Guardian name: _____

Work phone #: _____ Cell phone #: _____

Email address: _____

Other information: _____