

**2019-2020**

**The Episcopal Church of the Advent**

**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 18, 2019- August 18, 2020. 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: \_\_\_\_\_