

CATHEDRAL CHURCH OF ST JOHN CHILD/YOUTH PERMISSION FORM

Name	Birthdate	Age	Grade
Parent /Guardian Name	P/G/Email		
Home Address	P/G Home Phone		
	P/G Mobile Phone		
Does this person have any medical or emotional conditions we need to know about? Please list.			
Is this person allergic to any foods, or follow a special diet (incl. vegetarian)? Please explain.			
Is this person taking any medications or supplements? Please list.			
Emergency Contact Name	Emergency Contact Phone		
EVENT NAME	EVENT PLACE	EVENT COST	
DATES/TIMES/LOCATION/LEADERS			
<p>Please initial and sign in the spaces below.</p> <p>I believe that this dependent child, named above, can participate successfully in the above named event. I understand that if this dependent child does not live into the reasonable community standards he or she will return home at our expense and effort. _____</p> <p>I am aware that participating in this event may involve traveling by bus, plane, car or train. I am aware that drivers may be professional or approved adult leaders. I acknowledge and accept the risks inherent with the travel involved and with this knowledge in mind, grant permission for this dependent child to travel with the appointed leaders. _____</p> <p>I understand that every effort will be made to contact me before authorization of emergency treatment is given, but in case of emergency, I hereby give permission to secure proper medical treatment for this dependent child at the nearest appropriate hospital or health facility and I agree to assume responsibility for all medical expenses. _____</p> <p>I give permission for this dependent child, named above, to participate. I further agree to waive any and all claims against the Cathedral Church of St. John and/or the Episcopal Diocese of the Rio Grande and its approved leadership for any injuries to this child arising out of his/her participation in the above named event.</p> <p>Parent/Guardian Signature and Date:</p> <p>(children and youth age 6 and up) I, the above named child, understand that I will agree to live by the community rules (reasonable standards) and that not following these rules will mean that I might have to return home at my parent's or guardian's expense.</p> <p>Child/Youth Signature and Date:</p>			

Please fill out completely. Overnight Trips require copies of medical insurance documents and a photograph. Documents will be destroyed soon after event, unless there is an incident.