

**CATHEDRAL CHURCH OF ST JOHN CHILD/YOUTH OUTING PERMISSION SLIP**

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,/emotional conditions, dietary needs or medications we need to know about? Please list.			
<b>Emergency Contact Name</b>	<b>Emergency Contact Phone</b>		
EVENT NAME & Place			
DATES/TIMES/LOCATION/LEADERS			
<p>I <b>give permission</b> 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><b>Parent/Guardian Signature and Date</b></p>			

**This form is for brief, local, daytime only occasions without a parent – like movies or parks or museums.**