

Saint Martin in the Fields Church
Youth Parent/Guardian Permission Form

Please return this form (and any applicable fees) to Saint Martin in the Fields Episcopal Church, 3110 Ashford Dunwoody Road, Atlanta, Georgia 30319. Telephone 404/261-4292.

_____ (Trip, Event or Project, and Date)

Information on youth participant:

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

GRADE: _____ SEX: _____ HOME PHONE (Include Area Code): _____

PARENT(S) WORK PHONE(S) (with Area Code): _____

IF PARENT NOT AVAILABLE, CALL: _____ PHONE: _____

HEALTH HISTORY:

1. What is the status of the youth's health now? _____

2. Date of last tetanus toxoid immunization? _____

3. Is youth presently taking any medication? Yes []; No []

If yes, please explain: _____

4. Is youth allergic to any medications? Yes []; No []

If yes, please explain: _____

HEALTH INSURANCE INFORMATION: (ATTACH PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD.)

Name of company/plan: _____

Policy/Group No.: _____

Youth's Social Security No.: _____

PARENTAL AUTHORIZATION *MUST BE SIGNED*

The information on this form is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event leader is unable to reach a parent or guardian in an emergency, I hereby give permission to the physician selected by the leader to hospitalize, secure proper treatment for, and to order anaesthesia or surgery for my child as named above.

Signature _____ Relation _____ Date _____

COMMUNITY COVENANT *MUST BE SIGNED BY PARTICIPANT*

The following terms are non-negotiable, and violations will result in being sent home immediately. I will not have in my possession or use alcohol, illegal drugs, tobacco products, fireworks, firearms or any other kind of weapon. I will not depart from adult supervision without specific permission from the adult leader. There will be no inappropriate sexual behavior. All curfews and rules will be honored.

I accept the standards of behavior as stated in this community covenant. I agree to live within them while on the trip or activity. I understand that violation may result in my being sent home at my own expense.

Participant's signature _____ Parent/Guardian's signature _____

Date: _____