



2009 – 2010 PERMISSION SLIP
FOR EMMANUEL EPISCOPAL CHURCH
JUNIOR/SENIOR HIGH YOUTH GROUPS

PARTICIPANT'S NAME _____

ADDRESS: _____

HOME PHONE: _____ DATE OF BIRTH: _____

PARENT EMAIL: _____ YOUTH EMAIL: _____

EMERGENCY CONTACT PERSONS:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Secondary Contact: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

MEDICAL INFORMATION:

Primary Physician: _____ Phone: _____

Health Insurance Carrier: _____

Policy or Membership #: _____

Medications currently taking: _____

Allergies: _____

I give permission for my son/daughter to participate in activities offered by Emmanuel Episcopal Church for the program year 2009–2010. I will not hold liable Emmanuel Episcopal Church, the sponsors of the activities, or the Diocese of Missouri for any injuries incurred during participation. I further give permission to allow the sponsors to have my child treated in the event of injury or illness, understanding that every effort will be made to contact me before such treatment.

THIS SLIP MUST BE RETURNED TO THE PARISH OFFICE PRIOR TO PARTICIPATION.

Parent or Guardian Signature

Date

Print Parent or Guardian Name