



# St. Francis Episcopal Church Holden, MA

## Youth Group Permission Slip

### Registration Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Medical Information

Allergies: \_\_\_\_\_ Physician Name: \_\_\_\_\_  
Special Diet: \_\_\_\_\_ Physician's Telephone #: \_\_\_\_\_  
Special Medical Needs: \_\_\_\_\_ Medical Insurance Carrier: \_\_\_\_\_  
Physical Handicap: \_\_\_\_\_ Policy Holder Name: \_\_\_\_\_  
List all medication taken: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Name Dosage Time: \_\_\_\_\_

*Note: All medications must be given to designated adult. This includes prescription/non-prescription medications. It must be clearly labeled with participant's name, dosage, and instructions, and in original container.*

**Parent(s)/Legal Guardian(s) Name:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Parent(s)/Legal Guardian(s) E-mail address:** \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

## Permission to Attend

I \_\_\_\_\_ (Parent(s), Guardian) give permission for \_\_\_\_\_ (child/minor) to attend St. Francis Youth Group Events from **September 2007 to August 2008**. I understand that all Youth Group events will be under the supervision and direction of adult leaders and sponsors approved by St. Francis. I waive any claim against the Church and its approved leaders or sponsors.

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**Parent(s)/Legal Guardian Signature**

**Date**

## Permission for Medical Release

I have disclosed all significant medical, health and special needs information about my child \_\_\_\_\_ . In case of a medical emergency, I understand that every reasonable effort will be made to contact me. If I cannot be reached, I/we, the parent(s) or legal guardian (s) of \_\_\_\_\_ a minor, hereby authorize and consent to the physician selected by the approved leader, sponsor or chaperone to hospitalize and select proper treatment including but not limited to injection, anesthesia or surgery for my child's well being.

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**Parent(s)/Legal Guardian Signature**

**Date**

## Participant Photography Waiver

I give permission for St. Francis to use any photographs of my child taken during the program in newspapers, magazines, brochures, or other media for promotional purposes. I understand that my child's name will not be published with the photos when displayed outside of St. Francis or on the web. I have read and understand all materials in this waiver and agree to abide by these terms. I am aware this is a waiver and release of liability and I sign it *voluntarily*.

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**Parent(s)/Legal Guardian Signature**

**Date**

## Code of Conduct

These codes have been established to create a safe, healthy, friendly, and Christian environment for all participants (teens, adult leaders, chaperones, design team, etc.) Throughout each youth event I agree to:

1. Not bring or use illegally controlled substances, including drugs and alcoholic beverages. Event leaders must be made aware before the event of the use of prescription drugs. The possession and use of tobacco or any tobacco product is prohibited, including cigarettes. I understand that anything I bring on camp property is subject to search and that my parent/guardian will be notified and I will automatically be sent home at my own expense, if I violate this agreement.
2. Not participate in any inappropriate sexual or violent behavior.
3. Participate in all scheduled activities including community chores, and not to leave the site of the event without the permission of an adult advisor.
4. I agree to respect the dignity of every human being. I agree not to lie, cheat, steal, disobey, disrespect, or cause harm of any kind to another person or to any facility.
5. Observe quiet hours and lights out time in any sleepover event.
6. Follow the instruction and guidance of event leaders.
7. Keep the event free from use of cell phones/CD players and pagers unless it is an emergency or urgent need that I have communicated to an event leader.
8. Not to bring pets, fireworks, weapons, knives (including pocket or Swiss army knives) at any time.

My signature below indicates that I have read the Code of Conduct and intend to live by it throughout each and every Youth Event. This includes traveling to and from any event.

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**Participant(s) Signature**

**Date**

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**Parent(s)/Legal Guardian Signature**

**Date**