

St. Francis Episcopal Church

70 Highland Street, Holden, Massachusetts 01520

Office: 508-829-3344 Fax: 508-829-6211

Email: stfran@verizon.net Website: www.stfrancisholden.org

Youth Group Permission Form 2015/2016

Name: _____ DOB: _____ Grade: _____

Address: _____

Student Email Address: _____ Student Shirt Size: _____

Parent/Guardian Names: _____

Home Telephone: _____ Cell Phone: _____

Parent/Guardian Email Address: _____

Emergency Contact Person: _____

Emergency Contact's Relation to Student: _____

Emergency Contact's Phone Number: _____ Cell Phone: _____

Medical Information:

Health Insurance Company: _____

Insurer Phone Number: _____

Policy Holder Name: _____ Employer: _____

Group No. or Code: _____ Insured ID No. _____

Insured's Current Physician: _____

Allergies: _____

Medications that the student is currently on: _____

Please list any other special medical, health, or specials needs that you feel we should know about your son/daughter:

Permission To Attend:

I _____ (parent/guardian) give permission for _____ (student) to attend St. Francis Youth Group Events leading up through August 2016 including events that venture off church property. 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.

Parent/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 as the parent or legal guardian 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 wellbeing. I release St. Francis Episcopal Church, the church staff, ministry partners, sponsors, and volunteers from any and all liability resulting from any physical injury, property damage, or other injury or damage that occurs in connection with church youth activities.

Parent/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, the church website, or any other media.

Parent/ Guardian Signature

Date

Permission to view Videos and Other Media

I give permission for my child to watch/listen to videos, music and other social media during the program at the discretion of the youth leaders.

Parent/ Guardian Signature

Date

“Lord, make us instruments of your peace...”