

St. Paul's Episcopal Church
1444 Liberty Street SE, Salem, OR 97302
503-362-3661

Permission form for Children and Youth

Permission granted in this form will apply to participation in any and all Sunday School, Youth Group, Youth Choir, Young T.U.R.K.s, and Lamplighters events, whether they gather on St. Paul's campus, leave the campus, or meet elsewhere for any parish-sanctioned event during the program year 2008-2009. Diocesan events may require additional forms. This form is specific to St. Paul youth leaders (including, but not limited to, Maureen Hagen, Paul Klemme, Megan Rosevear, and James Young) who may accompany or transport youth to and from the events. This form remains valid until June 30, 2009.

PARTICIPANT INFORMATION

Names	Gender	Birthdate	Grade/School	Cell	Email address
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

****ALLERGIES/SPECIAL NEEDS:** _____

PARENT/GUARDIAN INFORMATION

Name(s): _____

Home Address #1: _____

Home Address #2: _____

Home #1:(____)_____ Work: (____)_____

Home #2:(____)_____ Work: (____)_____

Cell #1:(____)_____ E-mail: _____

Cell #2:(____)_____ E-mail: _____

ALTERNATE EMERGENCY CONTACT

Name(s): _____

Emergency Number (____)_____ Secondary Number (____)_____

INSURANCE INFORMATION

Insurance Company: _____

Policy number: _____ Claim phone number: _____

For Image/Sound Recording. I consent to the use by St. Paul’s Episcopal Church of any photographs, any visual, or any audio reproduction in which I or my minor child may appear. I understand that these materials may be used for promotion of the Youth Ministry of St. Paul’s Episcopal Church, including recruitment and fundraising efforts. I/My minor child may be identified by my/my minor child’s given name only and pictures and recordings of me/my minor child will not be given or sold to any third party.

Signature of Participant: _____ Date: _____
Signature of Participant: _____ Date: _____
Signature of Participant: _____ Date: _____
Signature of Participant: _____ Date: _____
Signature of Parent/Guardian: _____ Date: _____

Parent/Guardian Agreement

Medical and Liability Release. I understand that in the event that emergency medical intervention is required, every attempt will be made to contact the parent/guardian or emergency contact provided. In the event that the parent/guardian or emergency contact cannot be reached in an emergency during an activity sanctioned by the Sunday School or Youth Group of St. Paul’s Episcopal Church, I hereby give permission to the physician selected by the activity leader to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my/my minor child’s insurance coverage will be used as primary coverage in the event medical intervention is needed. The accident policy of St. Paul’s Episcopal Church will be used as secondary insurance for any medical expenses that my/my minor child’s insurance does not cover.

I understand that all reasonable safety precautions will be taken at all times by St. Paul’s Episcopal Church and its agents during parish-sanctioned events and activities. I understand the possibility of unforeseen hazards and know of the inherent possibility of risk. I agree not to hold St. Paul’s Episcopal Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by me/my minor child of this form.

Signature of Parent/Guardian: _____ Date: _____
Signature of student over age 18: _____ Date: _____