



St. Stephen's Episcopal Church, Orinda
Journey to Adulthood Youth Program
 Permission Form
2007



General Information

Youth Name _____

Parent or Guardian's Name _____

Address _____

Home Phone Number _____

Cell Phone Number _____

Parent's Email Address _____

Youth's Email Address _____

Travel Policy and Authorization

My youth has my permission to participate in St. Stephen's Youth Program, including activities involving travel away from the church premises.

I understand that transportation will be provided by private car or bus driven by insured, adult leaders, sponsors or chaperones approved by the Church.

I waive any claim against St. Stephen's church and it's approved leaders, sponsors or chaperones.

Movie Policy

My youth has my permission to attend Youth movie nights.

I understand that movies will be rated G, PG or PG-13. All movies will be previewed by members of the youth leadership team.

Medical Treatment Information and Authorization

In case of medical emergency, I understand that every effort will be made to contact me.

If I cannot be reached, I hereby give permission to the physician selected by the leader, sponsor or chaperone to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child or children named above.

Photos

I agree that my youth's photo may be used on the St. Stephen's website as well as photo displays at St. Stephen's.

Please complete the following:

Medical Insurance Carrier _____

Medical Insurance Policy Number _____

Family Doctor and Phone Number _____

Any Drug or Food Allergies _____

Current Medication _____

Any Special Medical Conditions _____

Alternate Emergency Contact and Phone Number _____

Signature of Parent or Guardian _____

Date _____