

PERMISSION SLIP

St. Amelia
Youth Ministry
210 St. Amelia Drive, Tonawanda, NY 14150-7126
(716) 834-5741

EVENT:

COST:

DATE:

RETURN THIS FORM BY:

My son/daughter has my permission to accompany the St. Amelia Youth Ministry Dept. at the above stated event. I understand that volunteer drivers may transport them.

I understand that if disciplinary problems occur with my son/daughter, I will be responsible for the immediate pick-up of my son/daughter from the event. The rules of all youth ministry events include:

- A) No use of alcohol or drugs will be allowed
- B) All participants must respect the adults directors and fellow teens
- C) No cursing or swearing will be allowed

In the case of an emergency or sudden illness, I hereby give permission to the physician selected by the attending hospital to secure a proper treatment for and to order injection, anesthesia or surgery for my son/daughter in the event that I cannot be reached in an emergency.

Finally, I agree that any chaperone along on the event has full authority for enforcing rules and making decisions for the good of the entire group.

Please complete the following, sign and return this form to the address above.

Thank you.

TEEN'S NAME _____

ADDRESS _____ PHONE _____

PARENT/GUARDIAN'S NAME _____

PHONE (work) _____ (home) _____

RELATIVE/NEIGHBOR _____

PHONE _____

PHYSICIAN _____

MEDICATIONS CURRENTLY TAKING _____

ALLERGIES _____

We have read, understand and agree with the rules provided for the event.

Signature of Parent/Guardian Date

Signature of Teen Participant Date