## PARENTAL PERMISSION to/from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Student Cell # :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Parent Home** #\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Parent Cell#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I give permission for my youth (named above) to attend the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I further give permission for my youth to be transported to and from the event by approved adult volunteer drivers authorized by St. Paul’s Episcopal Church. In an emergency every attempt will be made to contact parent but I give permission for Jay Dubinsky, Trish Leonard or David Marquis to make decisions with medical personnel.

### Photo Release

I recognize that the church uses photographs and video images of events in church publications including websites and newsletters. I hereby grant permission for photo/video images of my youth to be taken and used for such purposes.

### Activity Release

I further give permission for my youth to participate in all supervised activities except as noted:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

**Signature of Parent or Legal Guardian Printed Name of Parent or Guardian Date**

## Emergency Contact Information

Names of person and telephone numbers to call in case of emergency

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/ Alternate Phone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/ Alternate Phone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list allergies or instructions for medication below: