

St. Martin-in-the-Fields Youth Event Parental Permission Form

TO BE VALID
this application
must be fully
completed.

Event Name: _____ Event Date: ____/____/____

Please print in INK

Name: _____
 LAST FIRST MIDDLE

Age _____ Grade _____ Male Female

I give permission for my child to travel with St. Martin-in-the-Fields, the Episcopal Diocese of Fort Worth and/or a local Church body, to and from the above event. In case of illness or accident, I give permission to have my child evaluated and treated by available medical personnel. I understand a reasonable attempt will be made to notify me in such an event. I also understand that no obligation or responsibility in regard to rendering treatment or medication is assumed or undertaken as a consequence of this activity; not withstanding, the adults in charge have permission to authorize any medical care, which in their judgment, they deem necessary and to sign any medical forms necessary on my child's behalf and I do hereby release St. Martin-in-the-Fields, the Episcopal Diocese of Fort Worth, the local Church body, and all persons connected therewith from any liability, claim and expense related to any such condition, circumstance or treatment.

There have been no changes in the information provided on the Youth General Information Sheet that is currently on file.

I, the participant, have read the rules of conduct for youth group activities. I agree to abide by the published personal limitations provide on my Youth General Information form that is currently on file and the published code of conduct .

Participant signature: _____ Date: _____

I, the parent/guardian have read the rules of conduct and state that there has been no change of health status or limitations for my child as listed on the Youth General Information Form on file.

Parent signature: _____ Date: _____