

St. James the Less Youth Group Permission Slip

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Date of birth: _____

School: _____ Grade: _____

Parents: _____
Mother (name and telephone #)

Father (name and telephone #)

E-mail addresses:

Parents: _____ Student: _____

Medical Information: _____
Date of last tetanus Allergies

Special medical or dietary needs, problems, or limitations

Medical Insurance Company & Policy Number

Family Doctor (name and telephone #) Preferred Hospital

Emergency Contact if parent not available (name and telephone #)

Release:

I hereby give my permission for my child to participate in all St. James the Less youth group activities, including, but not limited to, travel in automobiles and participation in all activities. This consent also includes specific permission granted to the adult supervisors and leaders of St. James Youth to make medical decisions with respect to my child in the event of an accident or illness that requires emergency medical treatment as deemed necessary by a licensed physician.

Signature (parent) Date

Seat Belt responsibility:

I understand the grave importance of wearing a seat belt when riding in any vehicle and, therefore, I pledge to wear my seat belt **at all times** when being transported by an adult to participate in youth activities.

Signature (student) Date

Witness signature (parent) Date