

St. John's Youth Ministry Trip Permission Slip

To be filled out for each individual field trip.

I give permission for my child, _____, to accompany St. John's Episcopal Church Youth group to _____ on (dates) _____. My child has permission to participate in all activities under the supervision of St. John's Youth group chaperones.

My child may also ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by St. John's Episcopal Church. I further grant permission for my child to be treated by a physician or nurse in case of accident or illness if taken to an emergency room. I understand I will be contacted immediately.

I understand that my child will be expected to adhere to the rules and regulations of the youth group. Failure to do so may result in dismissal from the activity.

Parent signature

date

For the student:

I understand that by participating as a youth in an activity of St. John's Youth Group, I will be required to obey the chaperones responsible for the trip. Recognizing that rules are set in place for my safety and protection, as well as in order to provide the kind of structure necessary to conduct a successful event. I agree to abide by the rules and regulations set in place by the St. John's Youth Group and any rules set by the place we are visiting. I understand that if I fail to abide by the rules, I may be dismissed from the event.

Youth signature

date

Youth Group Policy for Events

* On outings you represent our church, youth group, friends and families. Your actions show your character. Please be appropriate.

* The use of drugs or alcohol, any infractions of the law, weapons, or sexually related activities will not be permitted at any St. John's Church Youth Group activities.

* During sleep over events youth are required to stay in designated areas and no other friends are allowed to visit.

* Any youth who is 18 years or older and is still participating in the youth group as a youth is required to follow all the rules of a minor.

* If a specific individual(s) is identified who has broken this policy, they will be asked to leave the function. If individual(s) cannot be identified then the function will end and everyone will be asked to leave.

NOTE: Please provide all medical and insurance information along with contact numbers on the back of this form. Thank you.