

Student Ministries Permission Slip

Name: _____

Address: _____

City: State: Zip: _____

Birthday: _____ Age: _____ Grade: _____

Home Phone: _____ Student Cell Phone: _____

Parents/Guardians Name: _____

Insurance: _____

Agreement/Group No.: _____

Allergies? _____

Any medical difficulties we need to know about? _____

Emergency and Photo Release

I understand that every effort will be made to contact me in an emergency. If I can not be reached, I hereby give St. Stephen's Student Ministries permission to act on my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by St. Stephens. I give permission for those administering emergency treatment to do so using those measures deemed necessary. I absolve St. Stephen's from liability in acting on my behalf in this regard so long as St. Stephen's is not grossly negligent. I hereby authorize St. Stephen's to photograph and/or video tape my child for trip promotion.

Signature of Parent/Guardian and Date: _____

Phone No. Where I Can Be Reached: _____

Parent Cell Phone: _____

Other Contact: _____

Relationship: _____

Phone No.: _____