

NAME _____

PERMISSION SLIP FOR ST. STEPHEN'S EPISCOPAL CHURCH YOUTH ACTIVITIES

This document will be valid and in full effect from Sep 1, 2007 on (parents and youth are responsible for providing any updates to youth group leaders).

YOUTH NAME _____

CELL PHONE _____ HOME PHONE _____

EMAIL ADDRESS _____ IM SCREEN NAME _____

ADDRESS _____

BIRTH DATE _____ YEAR OF GRADUATION FROM HIGH SCHOOL _____

PARENT'S/GUARDIAN'S NAMES (INDICATE RELATIONSHIP) _____

PARENT/GUARDIAN EMAILS _____

EMERGENCY PHONE NUMBERS: 1. _____ 2. _____

3. _____ 4. _____

MEDICAL INFORMATION:

ALLERGIES/MEDICAL INFORMATION/OTHER _____

MEDICATIONS BEING TAKEN _____

MEDICAL INSURANCE CO. _____

NAME OF POLICY HOLDER _____ POLICY # _____

I GIVE PERMISSION FOR MY CHILD TO JOIN THE YOUTH OF **ST. STEPHEN'S EPISCOPAL CHURCH, TROY, MI**, IN ANY OF THE ACTIVITIES OR TRIPS SPONSORED BY THE CHURCH, ITS STAFF AND SPONSORS. I EXPECT THE YOUTH LEADERS TO DO THEIR BEST IN MAINTAINING A SAFE ENVIRONMENT FOR ALL THE CHILDREN. I HEREBY RELEASE THEM FROM RESPONSIBILITY AND LIABILITY FOR ANY ILLNESS OR INJURY THAT MY CHILD MAY SUSTAIN DURING THIS ACTIVITY. IN THE EVENT OF AN EMERGENCY, I HEREBY AUTHORIZE AN ADULT LEADER OF THIS ACTIVITY AS AGENT FOR ME, TO CONSENT TO ANY X-RAY EXAMINATION, MEDICAL, DENTAL, OR SURGICAL DIAGNOSIS, TREATMENT, AND HOSPITAL CARE ADVISED AND SUPERVISED BY A PHYSICIAN, SURGEON, DENTIST (AS APPROPRIATE), LICENSED TO PRACTICE UNDER THE LAWS OF THE STATE WHERE SERVICES ARE RENDERED, EITHER AT A DOCTOR'S OFFICE OR IN ANY HOSPITAL. I EXPECT TO BE CONTACTED AS SOON AS POSSIBLE.

PARENT'S/ GUARDIAN'S SIGNATURE

DATE:

NAME _____

YOUTH MINISTRY GUIDELINES

The following are the guidelines of the Youth Ministry at St. Stephen's. These guidelines are considered to be in the best interest of the total ministry of the Church and they will be firmly, yet lovingly, enforced.

1. You will enjoy yourself and have fun!
2. You will not be afraid to be adventurous in your conversations about God.
3. You will be expected to respect the authority of each adult and treat each youth involved with kindness and generosity (especially the ones who drive you crazy—this is what it means to be part of the Church). In the event that you disrespect an adult or treat another youth poorly, youth leaders and/or parents will be immediately informed.
4. You may not bring any listening devices (e.g. I-Pods, MP3 players, and so on) or video games. Use of cell phones should be limited to parental/guardian contact only so that your fellow youth members can enjoy your full and undivided attention!
5. You will be encouraged to include all your fellow youth in activities. Any groups of youth who exclude others will be called to change their behavior immediately.
6. Use trash containers provided. Please don't throw trash anywhere other than the containers provided. All groups will clean the vehicles and facilities used before the end of the trip or program.
7. No tobacco products, alcohol, or other controlled substances are allowed ever.
8. You will notify the youth group leaders if any of your contact or medical information changes over the year.

If a discipline problem is deemed serious enough, you will be sent home at your parent's expense.

I have read and agree to follow these guidelines.

Youth Signature

Date

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