

2009 - 2010 PERMISSION SLIP

FOR EMMANUEL EPISCOPAL CHURCH JUNIOR/SENIOR HIGH YOUTH GROUPS

PARTICIPANT'S NAME		
ADDRESS:		
HOME PHONE:		DATE OF BIRTH:
PARENT EMAIL:		YOUTH EMAIL:
EMERGENCY CONTACT PI	ERSONS:	
Name:		Relationship:
Home Phone:	Work Phone:	Mobile:
Secondary Contact:		Relationship:
Home Phone:	Work Phone:	Mobile:
MEDICAL INFORMATION:		
Primary Physician:		Phone:
Health Insurance Carrie	er:	
Policy or Membership	#:	
Medications currently t	aking:	
Allergies:		
the program year 2009–2010 activities, or the Diocese of M	I will not hold liable lissouri for any injuries incurry child treated in the even	etivities offered by Emmanuel Episcopal Church for Emmanuel Episcopal Church, the sponsors of the arred during participation. I further give permission at of injury or illness, understanding that every effort
THIS SLIP MUST BE RETU	JRNED TO THE PARIS	H OFFICE PRIOR TO PARTICIPATION.
Parent or Guardian Signature		Date
Print Parent or Guardian Name	<u></u>	