

# Trinity Episcopal Church Youth Permission Form

708 South Bethlehem Pike  
Ambler Pennsylvania 19002  
215-646-0416

Name \_\_\_\_\_ Birthday \_\_\_\_\_

Parent/Guardian's name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_

Please list any other health information concerning your child that you feel is important for the Youth Minister to know. (Ex. allergies, current medications)

\_\_\_\_\_

We understand that Trinity Episcopal Church is not responsible for any injury that may occur during any sponsored youth activity or trip. In case of an emergency and I am not able to be reached, I give my permission to Kelly Rupperecht or other sponsors to take whatever steps necessary to obtain medical attention for my child. Also, I give my permission for my child to be transported by the chosen adult chaperones for the event.

I also give my permission for this form to be copied and used for any trips that may be away from the church.

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

**Please make sure this form is turned into Kelly Rupperecht, Youth Minister. Your child will not be able to attend the events without it. Thank you.**