



Name _____ Program _____

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

This document will be valid and in full effect from Sep 1, 2023-Sep 2, 2024 (parents and youth are responsible for providing any updates to youth group leaders).

YOUTH NAME _____

YOUTH CELL PHONE _____ **PARENT CELL PHONE** _____

HOME PHONE _____

YOUTH EMAIL ADDRESS _____

ADDRESS _____

BIRTH DATE _____ **YEAR OF GRADUATION FROM HIGH SCHOOL** _____

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

PARENT/GUARDIAN EMAILS _____

EMERGENCY PHONE NUMBERS: 1. _____ **2.** _____

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 _____ Program _____

YOUTH MINISTRY GUIDELINES

WARNING: READ BEFORE SIGNING!!!

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. 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 use any listening devices or video games during field trips unless you have permission by the leadership. 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! This means we ask that you do not text or play games or listen to music with your cell either.**
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 controlled substances are allowed. Ever. No tobacco products or alcohol 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. We hope to never have to use this clause!

I have read and agree to follow these guidelines.

Youth Signature

Date

St. Stephen's Episcopal Church
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Troy, MI 48098
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