

Parent Permission/Transportation/ Medical Authorization Form
St. Gabriel the Archangel Episcopal Church
General Permission 2007-2008

I, _____, the parent or legal guardian of _____ give permission to attend and participate in activities sponsored by the youth ministry group of St. Gabriel the Archangel Episcopal Church, 17435 NW West Union Road, Portland Oregon 97229, 503-645-0744.

I authorize the youth leaders, in whose care the minor has been entrusted, to consent to an X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, or hospital care, to be rendered to the minor under the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital. I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the above named youth pursuant to this authorization.

I hereby give permission for this youth to ride in any vehicle designated by the adult in whose care the minor has been entrusted to while attending and participating in this event.

I understand the general guidelines of behavior: that the participant must respect and obey the instructions of the adults in charge and that NO alcohol, illegal drugs, or sexual misconduct will be permitted at the event.

I will assume all transportation costs for the youth if problems occur during this event. I will take no civil action or legal action against the adults in charge of the events of St. Gabriel the Archangel Episcopal Church for normal care of the minor in their charge.

Youth Name _____

Youth Cell Phone # _____ B-Day _____ Sex M F Grade _____

Address _____ City, Zip _____

Home Phone # _____

Health Insurance _____ Policy # _____

Health Concerns (medication, allergies, injuries?) _____

Parent Name _____

Work Phone # _____ Cell Phone # _____

Parent Name _____

Work Phone # _____ Cell Phone # _____

Parent Signature _____