

Day Trip Permission Form



Episcopal Youth Communities
Parent/Guardian
Day Trip Permission Form

Please return this form (and any applicable fees) to St. Aidan's Episcopal Church

(Trip, Event or Project, and Date) _____

Information on EYC participant

Name _____

Street Address _____

City, State, Zip _____

Grade _____ Sex _____ Home Phone (10 digits) _____

Parent(s) Work Phone(S) (with Area Code) _____

If parent not available, call _____ Phone _____

Parental Authorization MUST BE SIGNED

The information on this form is correct so far as I know, and the person herein described has permission to engage in all prescribed EYC activities, except as noted by me. In the event EYC is unable to reach a parent or guardian in an emergency, I hereby give permission to the physician selected by the EYC advisor to hospitalize, secure proper treatment for, and to order anesthesia or surgery for my child as named above.

Signature _____

Relation _____ Date _____

Community Covenant MUST BE SIGNED BY PARTICIPANT

The following terms are non-negotiable, and violations will result in being sent home immediately.
I will not have in my possession or use alcohol, illegal drugs, tobacco products, fireworks, firearms or any other kind of weapon. I will not depart from adult supervision without specific permission.
There will be no inappropriate sexual behavior. All curfews and rules will be honored.

I accept the standards of behavior as stated in this community covenant. I agree to live within them while on the EYC trip or activity. I understand that violation may result in my being sent home at my own expense.

Participant's signature _____ Date _____

Parent/Guardian's signature _____ Date _____