

Overnight Trip Permission Form



Episcopal Youth Communities
Parent/Guardian
Overnight 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 _____ Grade _____ Sex _____

Street Address _____ City _____ State _____ Zip _____

Home Phone (10 digits) _____ Parent(s) WorkPhone _____

If parent not available, call _____ Phone _____

Health History

- 1. What is the status of the youth's health now?
2. Date of last tetanus toxoid immunization?
3. Is youth presently taking any medication? Yes [] No [] If yes, explain:
4. Is youth allergic to any medications? Yes [] No [] If yes, explain:

Health Insurance Information

Company or plan _____ Policy/Group Number _____

Youth's Social Security Number _____

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 _____