

## Calvary Episcopal Church Youth Group Permission Form

EVENT NAME:

DATE OF EVENT:

BEGINNING TIME:

ENDING TIME:

I give permission for my child, \_\_\_\_\_  
Name

to go this youth group meeting away from Calvary Episcopal Church. I understand that transportation to and from the event will be provided by volunteers in their personal vehicles. I agree to hold these volunteers and Calvary Episcopal harmless from any liability occasioned by ordinary negligence during this transportation and the event.

My child has the following allergies:

I will provide any medications needed by my child during the event along with any necessary instructions on administering them to the youth director before the youth leave Calvary Episcopal Church.

During the event, I may be contacted at the following number: \_\_\_\_\_

If I cannot be reached an alternate contact is: \_\_\_\_\_  
Name

Number \_\_\_\_\_

My child has the following dietary requirements (Check applicable items)

Gluten Free

vegetarian

No Pork

Other \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date