

## PERMISSION SLIP FOR ST. ANDREW'S YOUTH GROUP

I hereby give my permission for my teen \_\_\_\_\_ to stay at the \_\_\_\_\_. We will leave Friday \_\_\_\_\_ from Ms. McMullen's home. We will return on Sunday \_\_\_\_\_ to Mrs. McMullen's home.

*Although, St. Andrews will use the utmost precaution in guarding the health of all participants and preventing accidents, I release them from any liability in case of illness or injury as a result of this activity.*

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

If an individual continually disrupts the group or engages in illegal behavior, he or she will be given an opportunity to discuss the problem with the chaperons before more drastic action is taken. If after this conference, the behavior continues or in the opinion of the chaperons it would be damaging for the individual to continue with the group, he or she will be sent home at the participant's expense.

I have read this form and agree to the conditions set forth, I accept the cost and responsibility of having my son/daughter returned in the event it is necessary.

Existing medical problems of youth, if any: \_\_\_\_\_

Medicine youth is taking: \_\_\_\_\_

Allergies, if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of parent or guardian

Signature of participant

Cell/Telephone number where parent or guardian can be reached during this event: \_\_\_\_\_

PS: Need to bring: \_\_\_\_\_