YOUTH PERMISSION FORM

Parents – Please fill out permission slip to cover the activities of the youth group.

STUDENT'S NAME	DOB				
STUDENT'S NAMEDOB EMAIL ADDRESSPHONE					
SCHOOL	GRADE				
INVITED BY					
MEDICATIONS/ALLERGIE	S/MENTAL OR PHYSICAL HEA	ALTH CONCERNS			
PARENT NAME(S)					
EMAIL ADDRESS	AIL ADDRESSPHONE				
EMERGENCY CONTACT _		PHONE			
Church on activities held in Bapproved by the church. I undeleaders and adults will drive. I hereby release St. Mark Presliability for any injury or illneoutside the Boerne area which hereby authorize an adult lead examination; medical, dental, a physician, surgeon, or dentis	de-named youth to join the Youth Coorne and activities held outside of the erstand the group will travel together byterian Church, its staff and sponses that my youth may sustain during are approved by the church. In the error of the activity, as an agent for mor surgical diagnosis; and hospital st (as appropriate) licensed to practive to be contacted as soon as possess.	If the Boerne area which are her at all times and only youth sors, from any responsibility and g activities held in Boerne or event of an emergency, I he, to consent to an x-ray care advised and supervised by ice in Texas, either at a doctor's			
Parent/Legal Guardian	Printed Name	Date			
PHOTO RELEASE					
Mark Presbyterian Church the its promotional materials and publications. I release St. Market Mark Presbyterian Church the photograph of the photograph of the photograph of the promotion of the	ph(s) may be used in publications, CD-ROM, World Wide Web, etc.) be given to limit the release of person rk Presbyterian Church, the photogon bility for any violation of any person	print-ads, direct-mail pieces, or other forms of promotion. I sonal information in all of these trapher, their offices, employees,			
 Parent/Legal Guardian	Printed Name	Date			