

**St. Benedict's Youth Ministry Permission Form**  
(An individual permission form is required for each child.)

My Child, \_\_\_\_\_ has my permission to attend and to participate in the \_\_\_\_\_ on \_\_\_\_\_,

Event Name

Date

**Sponsored by St. Benedict's Episcopal Church**

I represent that my child is healthy and capable of participating in said event without causing risk of danger, illness or accident to him/herself, or to others. I agree to hold harmless St. Benedict's Episcopal Church, its officers, agents, employees, representatives, successors, assigns, and all other related or connected organizations, the leaders of other churches involved, the event coordinators, the Bishop of Atlanta and the Diocese of Atlanta in the event of any accident or injury.

In the event that my child requires medical attention while attending the event, I understand that an adult sponsor of the event will make a reasonable attempt to contact me. In the event that I cannot be contacted, I consent to any medical attention deemed appropriate. In the event that treatment is called for, which the medical provider refuses to administer without consent, I hereby authorize an adult sponsor to give such consent for me if I cannot be contacted immediately or, because of emergency, there is no time or opportunity to make contact. In the event that it is necessary for that person to give consent, I agree to hold such person free and harmless of any liability for damages arising from giving such consent.

*I declare that my child is covered by medical insurance and/or that I am responsible for any and all expenses incurred by my child whether covered under insurance or not.*

Custodial Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Participate: \_\_\_\_\_



**St. Benedict's Youth Ministry Permission Form**  
(An individual permission form is required for each child.)

My Child, \_\_\_\_\_ has my permission to attend and to participate in the \_\_\_\_\_ on \_\_\_\_\_,

Event Name

Date

**Sponsored by St. Benedict's Episcopal Church**

I represent that my child is healthy and capable of participating in said event without causing risk of danger, illness or accident to him/herself, or to others. I agree to hold harmless St. Benedict's Episcopal Church, its officers, agents, employees, representatives, successors, assigns, and all other related or connected organizations, the leaders of other churches involved, the event coordinators, the Bishop of Atlanta and the Diocese of Atlanta in the event of any accident or injury.

In the event that my child requires medical attention while attending the event, I understand that an adult sponsor of the event will make a reasonable attempt to contact me. In the event that I cannot be contacted, I consent to any medical attention deemed appropriate. In the event that treatment is called for, which the medical provider refuses to administer without consent, I hereby authorize an adult sponsor to give such consent for me if I cannot be contacted immediately or, because of emergency, there is no time or opportunity to make contact. In the event that it is necessary for that person to give consent, I agree to hold such person free and harmless of any liability for damages arising from giving such consent.

*I declare that my child is covered by medical insurance and/or that I am responsible for any and all expenses incurred by my child whether covered under insurance or not.*

Custodial Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Participate: \_\_\_\_\_