

Student Permission Form

For your information, we expect each student to conform to these rules of conduct:

- No possession or use of alcohol, drugs, or tobacco
- No students can drive
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules
- Obedience to the St. Thomas Youth Ministry Behavior Policy as signed by the student

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct. I agree to abide by any limitations on my activities caused by my health and I agree to abide by the code of conduct.

Student signature: _____ Date: _____

_____ has my permission to attend _____
NAME OF STUDENT EVENT OR MINISTRY
 sponsored by St. Thomas Church (hereinafter the "Church") on _____.
DATE

This consent form gives permission to seek whatever medical attention is deemed necessary and releases the Church and its staff and volunteers of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend this event being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided on the Student Medical Form that I filled out previously is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by a student ministries staff member. I/We also release my/our child to travel in the vehicle of a driver approved by the youth director.

Parent/guardian signature: _____ Date: _____

Please list current medications below:

Medication	Dosage	Frequency of Dosage