

**PARENT CONSENT FORM**  
**St. Francis in the Fields Youth Activities 2019-2020**

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Age \_\_\_\_\_ Birthday \_\_\_\_\_ Youth E-Mail Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Youth Cell # \_\_\_\_\_ Home Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Mother's: Name \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Father's: Name \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

To Whom It May Concern:

The undersigned does hereby give permission for our (my) child, \_\_\_\_\_, to choose to participate in the youth activities for 2019-20 arranged by St. Francis in the Fields Episcopal Church. Please check and initial ONE of the following:

\_\_\_\_\_ **ANY** youth activity planned by St. Francis in the Fields Episcopal Church during 2019-2020

\_\_\_\_\_ or **ONLY** specify trip(s) and date(s): \_\_\_\_\_

\_\_\_\_\_ **EXCLUDE** these trips please, all others are fine. Please list the excluded trips and dates:

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination; anesthetic, medical, surgical, or dental diagnosis or treatment; and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital. Whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned youth pursuant to this authorization.

Should it be necessary for our (my) youth to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by St. Francis in the Fields Episcopal Church.

Hospital Insurance  yes  no

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Participant \_\_\_\_\_

Parent / Legal Guardian \_\_\_\_\_

Emergency Contact / Phone \_\_\_\_\_

(over...)

**PARTICIPANT'S AGREEMENT**  
**St. Francis in the Fields Youth Activities 2019-20**

I will not bring or use alcohol, tobacco products (including e-cigarettes and e-vaporizers), non-prescription drugs, weapons, or act out inappropriate sexual behavior while attending a St. Francis in the Fields Episcopal Church event. I understand, should I choose to do so, my parent(s) will be called to come and pick me up, or I will be sent home at my parent(s)'s expense.

The Department of Youth and Young Adults, and the Youth Council of DYU, do not condone smoking at diocesan youth events. While smoking is an issue to be resolved between individual youth participants and their parents, we endorse the General Convention Statement as follows:

The General Convention of the Episcopal Church meeting in Phoenix, Arizona, resolved that "all members of this Church (be reminded) that they have a responsibility for the care of their body as the temple of God, which includes a healthy diet and regular exercise *and the avoidance of all types of substance abuse.*"

We at St. Francis in the Fields Episcopal Church also regard this statement to be appropriate for our youth program.

Participant Signature \_\_\_\_\_

Parent(s) Signature \_\_\_\_\_

Date \_\_\_\_\_