



Parental Consent Form for Participation in Church Activities

Effective from 1 September 2010 through 31 August 2011

Name of Young Person: _____

Name of Young Person: _____

Name of Young Person: _____

Name of Young Person: _____

Home Phone: _____

Cell Phone: _____

Alternative Phone: Mother _____ Father: _____

Emergency Contact Person & Number: _____

I hereby give permission for this (these) youth to participate in church activities of St. Dunstan's Episcopal Church, McLean, VA. This includes all sponsored activities on or off the Church property (including any and all activities involving travel and/or lodging) unless otherwise limited below. I understand that reasonable precautions will be exercised by the adults chaperoning each event, but that neither the adults chaperoning such trips nor St. Dunstan's Church will be responsible for theft of or damage to personal property, nor for bodily injury. Unless otherwise noted below, I certify that my child is in good health and physically able to participate in such activities. ANY ALLERGIES, MEDICATIONS OR SPECIAL NEEDS HAVE BEEN NOTED ON THE MEDICAL TREATMENT AUTHORIZATION FORM. This permission shall remain in effect until 31 Aug. 2011 unless terminated in writing.

I hereby give permission for this youth to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in church activities. I understand that drivers for all events must be over age 21 and approved by St. Dunstan's staff.

Signature

Parent/Legal Guardian

Date



Registration for Sunday School 2010-2011

Child's Name: _____ Nickname: _____

Birthdate: _____ Grade in Sept: _____

Baptized? Yes/No When _____ Where: _____

Allergies? Yes/No What _____

How does your child best learn? (for example, through movement, music, pictures, words, etc.)

What else do you want to tell us that will help us minister to your child in Sunday School?

Child's Name: _____ Nickname: _____

Birthdate: _____ Grade in Sept: _____

Baptized? Yes/No When _____ Where: _____

Allergies? Yes/No What _____

How does your child best learn? (for example, through movement, music, pictures, words, etc.)

What else do you want to tell us that will help us minister to your child in Sunday School?



Child's Name: _____ Nickname: _____

Birthdate: _____ Grade in Sept: _____

Baptized? Yes/No When _____ Where: _____

Allergies? Yes/No What _____

How does your child best learn? (for example, through movement, music, pictures, words, etc.)

What else do you want to tell us that will help us minister to your child in Sunday School?

Parent/Guardian Information

Name(s): _____

Address: _____

Home Phone: _____ Email: _____

Emergency Contact: _____

Other Information

Please use this space for any additional information you think the church might need:

