
Incarnation Catholic Church Youth Ministry Office
121 W. Glenoaks Blvd., Glendale, CA 91202 (818) 242 2579

Permission Slip for: _____

I (Parent Name), _____ give my permission for my son/daughter (teen name) _____ to attend this activity.

This event is in cooperation with this parish. I give permission for Incarnation's Staff and volunteers to seek medical treatment should it be necessary for my son/daughter and to authorize any and all appropriate tests and treatment deemed necessary by the attending physician in the case of a medical emergency.

Insurance carrier/policy number _____

My insurance carrier requires approval of treatment by assigned facility YES ___ or NO ___

If yes, please contact assigned facility at _____ . Additional contact person is

_____ at _____

Signature _____ Date: _____

Parent or guardian

<p>***** Must be filled in: Emergency telephone number where you can be reached while your son/daughter is with us _____.</p>
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Any Known Allergies: _____

BEHAVIOR CONTRACT

1. There will be respect for Property-Property shall not be damaged, marked or vandalized in any way. Personal property should not be damaged or borrowed without permission.
2. There will be Concern for Safety and Respect for the Law – There will be no non-prescription drugs or alcohol consumed or in any teens' possession. There will be no physical abuse of others or foul language. Fighting of any kind will not be permitted.
3. There will be cooperation and participation. Everyone will get the most of this opportunity if we respect each other and participate.

If one of the guidelines is not adhered to, appropriate action will be taken. One possible action will be that the teen's involved will have his/her parents or guardian called and will make arrangements for transportation home as soon as possible at the parents or guardians expense.

I have read and I understand this policy:

Teen _____	Date: _____
Parent(s) or Guardian: _____	Date: _____