

St. James Armenian Church ACYOA Juniors Retreat

816 Clark St. Evanston IL 60202

March 28- 29 2020

PERMISSION FORM

I hereby give permission for my son/daughter

_____ to participate in a weekend retreat

sponsored by the St. James Armenian Church ACYOA Jr., March 28 to 29, 2020. Retreat will take place at ST. James Armenian Church located at 816Clark street, Evanston, IL 60201

I hereby release the parish of ST. James Armenian Church from any liability that may occur during this event. In case of emergency, I understand that every effort will be made to contact a parent or legal guardian. In the event that I cannot be reached, I give permission for my child to receive emergency treatment.

Parent/Guardian SIGNATURE : _____

Date: _____

PRIMARY PARENT/GUARDIAN SECONDARY PARENT/GUARDIAN

Name: Name:

Home Number: Home Number:

Cell Number: Cell Number:

Business Number: Business Number:

Name of Insurance Plan Carrier :

Insurance Number :

Name of Insured : _____ **Date of Birth of Insured :**
____/____/____

Does Insurance Company have to be notified in an emergency? Yes No

If applicable, please state any medical conditions, medications, allergies, etc. that we should be aware:

*****If your child will be taking medication with him/her on the trip, please advise us and bring the medication in its original container. *****