

## Permission form for 7<sup>th</sup> & 8<sup>th</sup> Grade Work Camp Parent Information

This form is for:

Day Trip  Overnight  High Adventure  Sensitive Issue

**General Information:**

Activity Date/s: June 27<sup>th</sup> – July 2<sup>nd</sup>, 2010

Activity: Week of Hope Workcamp

Activity Location: Manassas, Va.

Departure Time: TBA Place: St. Andrew's Parking Lot

Return Time: TBA Place: St. Andrew's Parking Lot

Transportation: Private Vehicles/Carpool Cost: \$262 + Expenses

Each Child Should: Attend all pre-trip meetings and gather recommended supplies.

Adult in Charge: TBA

Phone: \_\_\_\_\_

Adults Attending:

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

*For High Adventure Activities*

\_\_\_\_\_ if this is a High Adventure Activity

For programs that include ice-skating, roller skating, horseback riding, white water rafting, canoeing, caving, rock climbing, rappelling, swimming, or other physically strenuous or hazardous activities, parent or guardian should recognize that these activities can be dangerous and that some times serious injuries may occur.

*For Sensitive Issue Activities*

\_\_\_\_\_ if this is a Sensitive Issue Activity

Please discuss this activity with your child. Attendance is optional for all or part of the activity. However, it is the parent or child's responsibility to communicate to the leader your needs prior to the activity date.

Supplemental Information:

Please fill out the following permission form, and return it along with a \$170 deposit to Assistant Rector, Jeanie Martinez, no later than March 1, 2010 The remaining \$92 will be due in April.

We will need at least 2 chaperones for this trip. Chaperones must be over the age of 21, and will be required to undergo background checks. Chaperones only pay \$100 of the trip fee. The rest is covered by St. Andrew's Workcamp fundraising efforts.

All youth attending must have a St. Andrew's health history form on file. This form need only be filled out once every year (Sept. to Sept.). This is a requirement for any off-site event. Workcamp will have several additional forms to be filled out and signed. Some are for St. Andrew's and some are for Group Workcamps. They will seem to duplicate information, but are all necessary.

This page if for your records and reference. Please fill out and return the next page.

Check the St. Andrew's Youth Calendar for pre-trip meeting times. Missing these meetings can cause your name to be moved to a stand-by list.

Event Parental Permission Form  
7<sup>th</sup> & 8<sup>th</sup> Grade Work Camp

General Information:

I am the parent/guardian of \_\_\_\_\_

I have read the description of the activity planned for June 27<sup>th</sup> to July 2<sup>nd</sup>, 2010.

I will be responsible for ensuring that my child brings the required equipment and attends only if in good physical condition.

\*If this is a high adventure or sensitive activity, please initial and date the appropriate statement below.\*

***For High Adventure Activity:***

~~\*Initial \_\_\_\_\_ Date \_\_\_\_\_: I have read the attached description of the activity planned and I understand that my child will be exposed to above normal risk of injury. I sustain that to the best of my knowledge, my child has the maturity, required skill and physical ability to participate in the activity described above.~~

***For Sensitive Issue Activities:***

~~\*Initial \_\_\_\_\_ Date \_\_\_\_\_: I have read the attached description of the activity planned. I understand that my child will be exposed to issues and discussions that are, or could be, considered to be of a sensitive or controversial nature. I have discussed this activity with my child and am confident of her/his maturity/ability to participate.~~

***For Photographs:***

Initial \_\_\_\_\_ Yes \_\_\_\_\_ No: I give my permission for my child to be photographed and allow St. Andrew's Episcopal Church to release said pictures for publicity purposes.

Please describe any health concerns or allergies and treatments for same:

I give special permission and or instructions for the following medication: \_\_\_\_\_  
This medication will be properly labeled and given to the program leader.

Mother/guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Father/guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy/Group Number: \_\_\_\_\_

(initial) \_\_\_\_\_ Yes \_\_\_\_\_ No: I give my permission for my child to participate

I authorize an adult member of the St. Andrew's Episcopal Church to provide transportation via their private vehicle for my child to and from this activity.

Parent/Legal Guardian's Printed Name \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We will have the following on hand. Please check all that your child may take as needed and according to package directions:

- |                  |                         |                       |                         |
|------------------|-------------------------|-----------------------|-------------------------|
| _____ Ibuprophen | _____ Isopropyl Alcohol | _____ Calamine Lotion | _____ Hydrogen Peroxide |
| _____ Neosporin  | _____ Acetaminiphen     | _____ Benadryl        | _____ Sunscreen         |

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## **7<sup>th</sup> & 8<sup>th</sup> Grade Work Camp**

Briefly explain why you want to attend Workcamp this year, and what you expect to experience at Workcamp.