

Youth Participant Information & Medical Release Form  
St. Joseph's Episcopal Church [eff. 1/08-1/09]  
**REQUIRED BEFORE PARTICIPATION IN YOUTH GATHERINGS**  
Participant Information

Last Name	First Name	Middle Initial	Prefers to be Called	
Male/Female	Date of Birth	Grade/Year in School	School Name	
Address		City	State	Zip
Home Phone	Cell Phone	AOL Screen Name	Student's Email	

Parent's Information

Father's Name	Work Phone	Cell Phone	Email
Mother's Name	Work Phone	Cell Phone	Email
Address (if differs from above)			

**PARENT/GUARDIAN: PLEASE PRINT THE FOLLOWING INFORMATION**

I, the parent/guardian of \_\_\_\_\_ (print name of student), give permission for my child to participate in the St. Joseph's Youth Gatherings in 2007.

I hereby authorize the Youth Minister for St. Joseph's Episcopal Church and his/her officers, agents, servants, or employees who are 21 years of age or older, who supervise the activities at this youth gathering to be responsible for the supervision and welfare of my child while in attendance at this youth event.

**WAIVER OF LIABILITY**

The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such transportation, medical and dental services to the aforementioned child pursuant to this authorization.

The undersigned shall not take any civil or legal action against the adults in charge, St. Joseph's Episcopal Church, The Episcopal Diocese Florida or the Episcopal Church USA for the normal care of the minor in their charge.

## PARENT/GUARDIAN CONSENT TO MEDICAL AND DENTAL TREATMENT

I hereby authorize the Youth Minister for St. Joseph's Episcopal Church and his/her officers, agents, servants, or employees who are 21 years of age or older, who supervise the activities on this youth gatherings into whose care my child has been entrusted, to consent to medical care or dental care, or both, for my child. The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child.

I further authorize the Youth Minister for St. Joseph's Episcopal Church and his/her officers, agents, servants, or employees who are 21 years of age or older, who supervise the activities on this youth gathering to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to the Youth Minister for St. Joseph's Episcopal Church and his/her officers, agents, servants, or employees who are 21 years of age or older, who supervise the activities on this youth event.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the supervisor and his/her authorized designee, in the exercise his/her best judgment on what is advisable for my child's care, upon advice of such physician, dentist, and surgeon.

### ADDITIONAL CONSENTS

I **DO/DO NOT** (circle one) give my permission for photographs or video footage of my child to be used by St. Joseph's Episcopal Church for promotional or other purposes (no names will be included).

I **DO/DO NOT** (circle one) give my permission for my child's address/phone number/E-mail address to be included on a participant roster for any youth gathering (for use for participants of youth gatherings only).

### Pick-up Names

Please list below the full names of any people who have permission to pick up your son or daughter from youth events. Your child will not be permitted to leave with anyone else unless permission has been given.

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Name of Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Print full name) Date: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Print full name) Date: \_\_\_\_\_

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## Additional information

\_\_\_\_\_  
Parent / guardian to contact in case of emergency

\_\_\_\_\_  
Relationship to minor

\_\_\_\_\_  
Additional person to contact in case of emergency

\_\_\_\_\_  
(Phone with area code)

\_\_\_\_\_  
Relationship to minor

\_\_\_\_\_  
Medical / health insurance company

\_\_\_\_\_  
Insurance policy no.

\_\_\_\_\_  
Phone number w/area code

\_\_\_\_\_  
Allergies / allergic reaction of my child

\_\_\_\_\_  
Please list all medications being taken by your child at this moment.

\_\_\_\_\_  
Please list any other information regarding your child's health that a doctor should know.

### ST. JOSEPH'S EPISCOPAL YOUTH AND ADULT COMMUNITY COVENANT

Please read the agreement below. Your signature and that of your parent/guardian's (for young people) are needed to validate the agreement. It commits you to the guidelines for St. Joseph's Youth Community and makes you subject to logical consequences should you choose not to live up to this agreement. These are Non-negotiable. Failure to comply will result in your removal from the described activity.

#### ALL PERSONS ATTENDING WILL....

1. Participate fully in all community activities (work details, worship, small group times, workshops, plenary sessions, meals and all other activities).
2. Comply with the quiet time and lights out time.
3. Respect and care for all of the facilities that are being used.
4. Respect the dignity and feelings of all persons at this event.
5. Respect the property of all persons at this event.
6. Not possess or use tobacco products, alcohol, illegal controlled substances, weapons, fireworks.
7. Not engage in sexual activities.
8. Not leave the group without notification and permission of an adult sponsor.

My signature below signifies that I agree to abide by the above Community Agreement and that my parent(s)/guardian(s) have reviewed them with me and support me in this agreement.

Youth Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_