

ST. PAUL'S EPISCOPAL CHURCH Adult COVENANT

For the time period of August 1, 2008 – August 1, 2009

I agree to act as a responsible and law-abiding adult while participating positively in sponsored activities. If driving on behalf of St. Paul's, I also agree to abide by the Driver Covenant. And I agree not to place myself or any minors in any position which could lead to physical, emotional or spiritual harm.

Signature

Date

St. Paul's Driver Covenant:

1. *Every passenger must wear a seat belt.*
2. *In the event that there are multiple vehicles, we will form a caravan and every vehicle should remain in the caravan until we reach the destination.*
3. *No driver should drive in excess of the legally posted speed limit.*
4. *At no time should youth be left unattended without the presence of an adult.*
5. *No one under the age of 21 years can drive any vehicle on behalf of St. Paul's.*

MEDICAL RELEASE/ AUTHORIZATION

Consent is hereby given for myself _____ to be treated by competent medical personnel in the event of an accident or medical/dental emergency and to receive reasonable medical/dental treatment as deemed necessary by a licensed physician/dentist. In the event treatment is required for which a physician and/or other professional health care provider in the hospital/clinic refuse to administer without our consent, we hereby authorize Sally Chambers or other competent adult with group, to give such consent. If in the event it becomes necessary for any identified person to give consent for myself, we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from giving such consent.

The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for myself to return due to medical reasons or otherwise, the undersigned shall assume transportation costs.

We hereby release St. Paul's Episcopal Church, its agents, employees and any and all persons connected therewith from any and all liability, claims, causes of actions of any type whatsoever arising out of or in any way connected with participation in St. Paul's Episcopal Church

We (I) have read the above and fully understand the agreement.

Signature

Date

Medical Information Form

This form must be completed in detail.

Name: _____ Birthday: _____
(Last) (First) (M.I.)

Address: _____ Phone: _____
Street City State Zip

Social Security #: _____

In case of emergency contact:

Name: _____ Daytime Phone: _____

Relationship: _____ Evening Phone: _____

Name: _____ Daytime Phone: _____

Relationship: _____ Evening Phone: _____

Medication(s) you can NOT take: _____

Medication(s) you are currently taking: _____

Current medications to be administered by: _____

Allergies/ special needs, health problems, dietary concerns, other concerns: _____

Personal Physician: _____ Phone: _____

Insurance Company: _____ Phone: _____

Address: _____

Policy #: _____ Insured ID #: _____

Prescription Card #: _____

Current tetanus shot? _____ If yes, indicate date: _____

Signed: _____ Date: _____