

**ST. PAUL'S EPISCOPAL CHURCH YOUTH MINISTRY COVENANT & RELEASE**

**For the time period of August 1, 2007 – August 1, 2008**

I, \_\_\_\_\_ agree to cheerfully respect the people I participate with; the place where we will be; and the adults in charge throughout my partaking in St. Paul's Episcopal Church Activities. I will not engage in behavior that involves smoking, alcohol, drugs, sexual activity, emotional or physical harm to any person or thing and/or disrespect to authority or program, including leaving such events without permission. I understand that to not live cheerfully and respectfully in community can have consequences to the discretion of the adult in charge, including being sent home at costs incurrant to your family.

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date

We (I) \_\_\_\_\_, the guardians of \_\_\_\_\_ have read the covenant with our (my) youth and agree to uphold the covenant, its consequences and the adults in leadership.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**MEDICAL RELEASE/AUTHORIZATION**

Consent is hereby given for \_\_\_\_\_ 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, David Johnson** or an adult in whose care the minor has been entrusted, to give such consent for us in the event that we are not readily accessible by phone. If in the event it becomes necessary for any identified person to give consent for us, 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 our (my) child to return due to medical reasons or otherwise, the undersigned shall assume transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by St. Paul's Episcopal Church.

We hereby release St. Paul's Episcopal Church, its agents, employees and any and all persons connected therewith from any and all liability, claims and causes of action 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.

This is the \_\_\_\_\_ day of \_\_\_\_\_, 2007.

\_\_\_\_\_  
Signature of Parent/Guardian

## 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: \_\_\_\_\_

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Medication(s) you are currently taking: \_\_\_\_\_

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Current medications to be administered by: \_\_\_\_\_

Allergies/ special needs, health problems, dietary concerns, other concerns: \_\_\_\_\_

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Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Policy #: \_\_\_\_\_ Insured ID #: \_\_\_\_\_

Prescription Card #: \_\_\_\_\_

Current tetanus shot? \_\_\_\_\_ If yes, indicate date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_