

# PARENTAL PERMISSION AND MEDICAL AUTHORIZATION FORM

**Participant Name:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

I give permission for my minor child (named above) to attend the events, field trips, and/or service projects associated with the youth ministries of The Episcopal Diocese of Louisiana and/or St. James Episcopal Church, Baton Rouge, Louisiana (hereafter "The Church"). This permission and authorization shall be valid for one year from the date signed, below, unless rescinded earlier by me or The Church.

### Transportation Release

I further give permission for my child to be transported to and from events by hired and/or volunteer ADULT drivers authorized by The Church associated with events and activities sponsored by The Church. My child and I understand that *seat belts must be worn at all times* during transportation.

### Medical Release

I hereby authorize the leaders, paid and/or volunteers of The Church; and, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical or dental care, routine tests, treatment, and necessary transportation advisable for the health and safety of my child. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a physician or surgeon licensed under the pertinent Medical Practice Act or dentist licensed under the pertinent Dental Practice Act for my child. The undersigned adult shall be liable and agrees to pay all costs and expenses incurred with connection with such medical and/or dental services rendered pursuant to this authorization.

### Custody Release

I further authorize the youth ministries leaders of The Church 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 said adult.

### Activity and Liability Release

I further give permission for my child to participate in all activities sponsored by The Church, except as noted, below. In consideration of such participation, I, the undersigned, do hereby release, forever discharge and agree to hold harmless The Church, its ministers, directors, employees, or volunteers from any and all liability, claims or demands for accidental personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the youth participant and undersigned while involved in the activity(ies) arranged by The Church. I, on behalf of my minor child, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in activities of The Church, and further agrees to hold harmless and indemnify The Church from any liability sustained by The Church as a result of the negligent, willful, or intentional acts of my child/youth, including expenses incurred attendant thereto.

Exceptions: \_\_\_\_\_  
\_\_\_\_\_

### Early Return Policy

Should it be necessary for my child to return home due to medical reasons, disciplinary action, or otherwise, the undersigned shall assume all transportation costs and responsibility.

### Media Policy

Events sponsored by The Church may be photographed and/or recorded, and The Church may, on occasion, use, publish, modify and/or alter said images for editorial or promotional purposes in any medium now existing or subsequently developed. **It is the policy of The Church to NOT use any personally identifiable information (such as name, age, grade, or contact information) with any youth image** on our website or any publically accessible sites owned or operated by The Church, or to allow "tagging" of youth images on those sites, or to use youth images without parental permission. Please initial one of the following statements regarding your permission for such use:

- I/We **GRANT** permission for **ONLY** a photo/image that includes this youth **without** any other personal identifiers to be published on websites owned and/or operated by The Church.
- I/We **DO NOT GRANT** permission for any photo/image that includes this youth to be published on any website operated by The Church.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to The Church, and such rescission will take effect upon receipt.

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

\_\_\_\_\_  
**Printed name of parent/guardian**

\_\_\_\_\_  
**Date**

### EMERGENCY CONTACT INFORMATION

Parent/Guardian name _____	Phone 1 _____
Address _____	Phone 2 _____
City _____ State _____ Zip _____	Phone 3 _____
Email _____	_____
Other emergency contact name: _____	Alt Phone 1 _____
Relationship to minor child: _____	Alt Phone 2 _____

# Health Care Information

Participant Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

### Physician

Name \_\_\_\_\_

Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy/Group Number \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

### Dentist

Name \_\_\_\_\_

Phone \_\_\_\_\_

Dental Insurance Company \_\_\_\_\_

Policy/Group Number \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Please list any allergies to drugs, foods, plants, insects, environmental, etc.: \_\_\_\_\_

Does your child wear: Glasses  Contact lenses  Other medical device:  \_\_\_\_\_ Date of last tetanus booster: \_\_\_\_\_

For your child's safety and our knowledge, is your child's swim level: Good  Fair  Non-swimmer

Please list any prescription medication to be taken by the participant (including what it is taken for, when it is to be taken, dosage information, and any special procedures). Attach a separate sheet, if necessary. \_\_\_\_\_

Please list any non-prescription (over-the-counter) medication you do **NOT** want dispensed to your child: \_\_\_\_\_

Please list any additional information relevant to participating in activities sponsored by The Church (dietary needs; surgeries or serious injuries; chronic or recurring illness; medical conditions such as epilepsy or diabetes; psychiatric counseling or indications, etc.): \_\_\_\_\_

## Community Conduct Expectations

- No possession or use of alcohol, drugs, or tobacco
- No inappropriate sexual activity (exposure, touching, or inappropriate reference to areas normally covered by undergarments)
- No fighting, weapons, fireworks, or explosives

VIOLETION OF ANY OF THE ABOVE EXPECTATIONS **WILL** RESULT IN THE MINOR BEING DISMISSED FROM THE EVENT AND SENT HOME AT PARENTAL/GUARDIAN EXPENSE.

- No students should drive a car or ride in a car during a youth event unless it is part of the event program.
- No youth should possess a lighter at a youth event.
- No youth should wear offensive or immodest clothing or use offensive language.
- Participation with the group activity or event is expected during the entire event, i.e., participants should be at all "big group" and "small group" activities associated with the event.
- Youth participants are only allowed in their own room or living space or in large group space during all youth events. It is NEVER appropriate for youth to be in rooms of youth or adults of the opposite gender.
- All staff and participants should respect personal property of the participants as well as the physical property at the event.
- Participants will avoid the use of foul language, cursing, or any speech (including "humor") which puts down, makes fun of, or stereotypes other persons or groups.
- Everyone at a youth event should respect one another, the staff, and adult leaders at all times.

VIOLETION OF ANY OF THE ABOVE EXPECTATIONS **MAY** RESULT IN THE MINOR BEING DISMISSED FROM THE EVENT AND SENT HOME AT PARENTAL/GUARDIAN EXPENSE.

I, the minor child participant, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Youth signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing below I affirm that I have read over the Community Conduct Expectations for youth events sponsored by The Church, and I understand that if my minor child fails to abide by these rules he/she may be sent home at my expense. I agree to comply with the decision of the event coordinator for The Church should my child break the rules of community conduct.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_