

# St. Andrew's Youth Group 2022-2023 Medical & Media Release and Permission

## Participant Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

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

Youth Cell Phone: \_\_\_\_\_ Youth Email: \_\_\_\_\_

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

## Parent/Guardian Information

Parent 1: \_\_\_\_\_ Email: \_\_\_\_\_

Parent 1 (cell): \_\_\_\_\_ Parent tel (h,w): \_\_\_\_\_

Parent 2: \_\_\_\_\_ Email: \_\_\_\_\_

Parent 2 (cell): \_\_\_\_\_ Parent tel (h,w): \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_

Best way to contact parent/guardian: \_\_\_\_\_

## Medical Information

Physician name and telephone: \_\_\_\_\_

Dentist name and telephone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Does your child suffer from or is being treated for any of the following:

- |  |   |
|--|---|
| <input type="checkbox"/> Heart trouble             | <input type="checkbox"/> Any physical handicap (please specify) |
| <input type="checkbox"/> Epilepsy/seizure disorder | <input type="checkbox"/> Asthma                                 |
| <input type="checkbox"/> Frequent headaches        | <input type="checkbox"/> Diabetes                               |
| <input type="checkbox"/> Frequent stomach aches    |   |

My child is a (please circle one):

**good swimmer**

fair swimmer

non swimmer

Should this child's activities be restricted for any reason? Please explain: no restriction \_\_\_\_\_

Any additional comments or medical concerns: \_\_\_\_\_

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## Student Code of Conduct

We expect students to abide by the following codes of conduct:

- No possession or use of alcohol, drugs or tobacco.
- No student may drive.
- No fighting, weapons, fireworks, lighters or explosives.
- No immodest or offensive clothing.
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters.
- Participation with the group is expected.
- Respect each other and adult leaders.
- Respect and comply with the event schedules.

**\*\*NO CELL PHONES OR OTHER ELECTRONIC DEVICES PERMITTED\*\***

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct and I agree to abide by them. I also have read my health evaluation form and agree to abide by any personal limitations listed.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Medical Release & Permission to Treat

\_\_\_\_\_ (Child's Name) has my permission to participate in all activities sponsored by St. Andrew's Episcopal Church of Madison (the Church). This consent form gives permission to the adult leaders of the activities to seek whatever medical or other attention they deem necessary during the course of the activities and releases the adult leaders, the Church and its staff of any liability for such actions.

I am the parent or legal custody of the student named above (the student) hereby give my consent for him/her to attend activities organized by the Church. I understand that there are inherent risks involved in these activities and release the Church, its rectors, employees, agents and the adult leaders of the activities from any and all liability for any injury, loss, cost, or damage to person or property that may occur during the course of my child's involvement, including transportation to and from the activity. If the student requires medical attention during the course of the activity, I consent to any reasonable medical treatment deemed necessary by a medical professional. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by my health insurance provider. Further I affirm that the health insurance information provided above is accurate at this date and will promptly notify the church Director of Youth Ministry if it changes. I also agree to bring the student home at my own expense should the student become ill, or if otherwise deemed necessary by the adult leaders during the course of the activity.

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

## Media Release (LEAVE BLANK if you would like your child in any videos or photos!)

If you DO NOT want your child to be photographed, videotaped and/or audiotaped, check the box below and sign:

- I DO NOT allow my child to be photographed, videotaped and/or audio taped during church-sponsored activities and/or learning experiences.

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