

**2016/2017 ACTIVITIES RELEASE FORM
YOUTH PARTICIPANTS**

*(To be used when parents leave minors in the care of
Episcopal Church of the Advent staff and volunteers)*

The information that is provided by this form is gathered to assist us in identifying the appropriate care, in the case of a medical emergency, for those minors who attend Episcopal Church of the Advent (Kennett Square, PA) youth ministry events & activities. This form remains in effect for all Episcopal Church of the Advent youth events in which the minor participates from September 1, 2016 (or the date of signing) until August 31, 2017 attends (unless formally revoked in writing by the signatories). When this form is completed for youth (under the age of 18) a parent/guardian signature is required or this form is invalid. Those representing the Episcopal Church of the Advent (Kennett Square, PA) in an official capacity have the right to refuse any attendees who do not provide this information before or during registration for a particular event or activity.

PARTICIPANT INFORMATION: *Please Print Legibly*

FIRST, MIDDLE AND LAST NAME _____ NAME YOU GO BY _____

DATE OF BIRTH ____/____/____ AGE ____ GRADE ____ GENDER: Male Female
Month Day Year

YOUTH CELL PHONE _____ YOUTH EMAIL _____

HOME PHONE _____ PARENT EMAIL _____

MOTHER'S NAME: _____ CELLPHONE _____ OFFICE PHONE _____

HOME PHONE: _____ ADDRESS IF DIFFERENT THAN YOUTH _____

FATHER'S NAME: _____ CELLPHONE _____ OFFICE PHONE _____

HOME PHONE: _____ ADDRESS IF DIFFERENT THAN YOUTH _____

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MEDICAL EMERGENCY INFORMATION

PHYSICIAN'S NAME & PHONE #: _____

DENTIST'S NAME & PHONE #: _____

HEALTH CONCERNS/ALLERGIES/MEDICATIONS: _____

EMERGENCY CONTACT IF PARENTS CANNOT BE REACHED: (Include name, phone number & relation to youth.)

Additional information we need to know (e.g. fear of thunderstorms, etc.) _____

MEDICAL COVERAGE: IS THE PARTICIPANT COVERED BY FAMILY MEDICAL/HOSPITAL INSURANCE? _____

IF SO, INDICATE CARRIER or PLAN NAME _____ GROUP # _____

CARRIER ADDRESS _____ PHONE # _____

NAME OF INSURED _____

POLICY HOLDER or INSURANCE ID NUMBER _____

ALLERGIES _____
(Food, Medication, Insects, etc.)

INDICATE ANY OTHER KNOWN MEDICAL CONDITION THAT WE SHOULD BE AWARE (Seizures, Diabetes, Low Blood Sugar, Heart Problems, Asthma, Etc. Please attach additional pages as needed.)

In the case of a medical emergency, the undersigned give permission to have my child to be evaluated and treated by qualified medical personnel. The undersigned understand that every attempt will be made to notify me/others identified by the information provided in this document in such an event. The undersigned authorize an adult chaperone, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital and required as an emergency and in the event the undersigned have not been able to be contacted. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. The adults in charge have my permission to authorize any further medical care, which in their judgment, they deem necessary and to sign any medical forms necessary on (my child's) behalf and required as an emergency and in the event the undersigned have not been able to be contacted. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. This form is valid from September 1, 2016 (or the date of signing) until August 31, 2017, and will be kept on file at the offices of the Episcopal Church of the Advent.

Transportation Release: The undersigned understand that youth programming may include transportation to and from the location of an event or activity. The undersigned give permission for my child to be transported by the Episcopal Church of the Advent (Kennett Square, PA) to and from programming whenever they participate in youth group activities. The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult chaperone in whose care the youth has been entrusted while attending and participating in activities sponsored by Episcopal Church of the Advent. This permission will remain in effect one year from September 1, 2016 (or the date of signing) until August 31, 2017 and will be kept on file at the offices of the Episcopal Church of the Advent.

Media Release: The undersigned understand that the Episcopal Church of the Advent (Kennett Square, PA) and their ministry "partners" will sometimes record images, sound and/or video of youth ministry programming for use in marketing and promotional material, and on web sites owned by and social media affiliated with the Episcopal Church of the Advent (Kennett Square, PA). Last names are not printed in conjunction with photos of students. If I **DO NOT** want such images published of my child, it is indicated by checking this box:

Check if you **DO NOT** want images published:

SIGNATURE _____ RELATIONSHIP _____ DATE _____

SIGNATURE _____ RELATIONSHIP _____ DATE _____

(CUSTODIAL PARENT/GUARDIAN SIGNATURE REQUIRED FOR ALL YOUTH UNDER 18 YEARS OF AGE)