

**Episcopal Diocese of Louisiana Youth Ministry
Medical Release and Permission Form**

Youth Information

Name: _____ Age: _____
Birthday: _____ Grade: _____ Gender: _____
Email: _____ T-shirt Size: _____
Address: _____ City: _____ State: _____
Zip: _____
Home Phone: _____ Cell: _____
Medical Insurance Company: _____
Policy #: _____

Parent Information

Parent Names: _____
Phone: Home: _____ Cell (1): _____
Cell (2): _____
Emergency Contact: _____ Phone: Home: _____
Work: _____ Cell: _____
Physician: _____ Office Phone: _____
Dentist: _____ Office Phone: _____

Medical Information and Permission Form

If Necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your youth is subject and of which the staff or volunteers should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form and PLEASE SEND ALL PERSCRIPTION MEDICATION IN PERSCRIPTION CONTAINERS.

Check the following areas of concern for this student. If necessary, add another page with details

1. For your child's safety and our knowledge is your youth a:

Good Swimmer _____ Fair Swimmer _____ Non-Swimmer _____

2. Does your child have allergies to?

Pollens: _____ Medications: _____ Food: _____

Insect bites: _____ Other: _____

If so, please describe _____

3. Does your child suffer from, or has ever experienced, or is being treated currently for, any of the following: (Circle all that apply)

Asthma Epilepsy/Seizure disorder Heart Trouble Diabetes

Frequently Upset Stomach Physical Handicap None of the Above

If so, what do we do in case of a problem? :

4. Date of Last Tetanus Shot: _____

5. Does your child wear: Glasses _____ Contact Lenses: _____

6. Please list and explain any major illnesses the youth experienced during the last year:

7. Should your child's activities be restricted for any reason? Do you have any additional comments regarding the physical status of your child/youth? Please explain and use separate paper if necessary.

GENERAL PERMISSION FORM

(Name) _____ has my permission to attend youth events sponsored by The Episcopal Diocese of Louisiana. This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named youth.

Any healthcare information provided to the Church may be shared with any physician, caregiver, emergency medical provider, staff, or others in the discretion of the Church. The undersigned parent/guardian consents to this use of the personal healthcare information of the minor. I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its Priests, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our youth's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the youth minister or volunteers.

Parent/guardian signature:

Date: _____

We expect each student to conform to these rules of conduct:

No possession or use of alcohol, drugs, or tobacco.

No fighting, weapons, fireworks, or explosives.

No inappropriate sexual activity.

Students who fail to comply with the above expectations will be sent home at their parents' 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, participants should be at all "big group" and "small group" activities associated with the event. All 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. Everyone at a youth event should respect one another, the staff, and adult leaders at all times.

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

I, the student, 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.

Student signature: _____

Date: _____

Parent signature: _____

Phone: _____

By signing above I state that I have read over the rules of conduct for youth events in the Diocese of Louisiana and I understand that if my 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 Youth Coordinator and Bishop should my child break the rules of community conduct