



SAINT AIDAN'S EPISCOPAL CHURCH
CHILDREN AND YOUTH MINISTRY
CONSENT AND RELEASE FORM

YOUTH/CHILD FULL NAME _____ **SOCIAL SECURITY #** _____
DATE OF BIRTH _____ **AGE** _____ **GRADE** _____
ADDRESS _____
CITY _____ **STATE** _____ **ZIP** _____
HOME PHONE # _____ **MOBILE #** _____
E-MAIL (PLEASE PRINT) _____

PARENT NAME(S) _____
HOME PHONE # _____ **MOBILE #** _____
WORK # _____ **E-MAIL (IF DIFFERENT FROM ABOVE)** _____

OTHER CONTACT NAME(S) _____
CITY _____ **STATE** _____ **ZIP** _____
PHONE # _____ **MOBILE #** _____
WORK # _____ **FAX #** _____

PHYSICIAN _____ **PHONE #** _____
DENTIST _____ **PHONE #** _____
HEALTH INSURANCE CARRIER _____
GROUP# _____ **POLICY #** _____ **PHONE #** _____

COVENANT

I promise to be tobacco, alcohol, and drug free at all St. Aidan's Episcopal Church Children and Youth Ministry activities. I promise to follow the directions and rules of the Vicar, Children's Minister, Youth Minister, mentors, and sponsors for my safety. I promise to participate in the activities as much as I can. If I fail to follow this covenant I may be sent home immediately at my parent(s) expense.

CHILDREN/YOUTH SIGNATURE _____ **DATE** _____

RELEASE AND CONSENT TO DISPLAY PICTURES

Please, check one:

I give Saint Aidan's Episcopal Church permission to display in church publications and on the church website my child's picture. I understand that my child's name will not be used unless otherwise authorized.

I do not want my child's picture to be publicized in any way.

PLEASE FILL OUT THE BACK OF THIS FORM

TRIP, RETREAT AND EVENT POLICY

Deposits are non-refundable after 45 days prior to the departure date of the trip or retreat or event. Final payment is due 30 days prior to the departure date of the trip or retreat or event and is not refundable if the departure date of the trip or retreat or event is three weeks away unless a child/youth who has paid in full takes your place.

Sign-up sheets will be available for local events that we have to buy tickets for. Signing up on these sheets binds the child/youth to pay the ticket price unless someone else can take their place.

CONSENT OF TRANSPORTATION

I give my child/youth permission to be transported by the provided transportation and legal driver (25 years old and older and who has had a driving record check) as part of his/her participation in the St. Aidan's Episcopal Church Children and Youth Ministry, by whatever means of transportation the Vicar and those acting on his behalf deems appropriate.

CONSENT OF RELEASE OF LIABILITY

I do hereby waive, release, covenant not to sue and forever discharge, to the fullest extent permitted by law, St. Aidan's Episcopal Church and its related or connected organizations, officers, agents, employees, representatives, successors, assigns and all others of and from any and all responsibilities, claims, and expenses, personal injury, wrongful death or liability for injuries or damages of any kind resulting from the participation of my child/youth in any activities of the St. Aidan's Episcopal Church Children and Youth Ministry facilities, rented or owned, or arising out of any St. Aidan's Episcopal Church Children and Youth Ministry activities. I do also hereby indemnify, release and hold harmless, to the fullest extent provided by law, the staff and volunteers of the church, and any others acting upon their behalf from any responsibility or liability, for any injury, damage or death to my child/youth, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my child's/youth's participation in any activities of the St. Aidan's Episcopal Church Children and Youth Ministry.

CONSENT OF MEDICAL RELEASE

As a parent and/or guardian, I hereby authorize and direct the treatment by a qualified and licensed medical doctor of my child/youth in the event of a medical or dental emergency which, in the opinion of the attending physician, may endanger his or her life, or cause disfigurement, physical impairment, or undue discomfort if delayed. The authority is granted only after a reasonable effort has been made to reach me.

CONSENT OF RELEASE OF MEDICAL CONDITIONS

My child/youth is subject to the following medical conditions; I authorize St. Aidan's Episcopal Church to disclose such medical conditions to a licensed medical doctor in the event my child/youth should require emergency medical or dental care.

ALLERGIES _____

ILLNESSES _____

DISABILITIES _____

PHYSICAL, MEDICAL, DIETARY RESTRICTIONS _____

ROUTINE MEDICATIONS (GIVE DOSE AND TIMES TAKEN) _____

MAY AN ADULT GIVE YOUR CHILD/YOUTH OVER THE COUNTER MEDICATIONS IF NECESSARY? **YES** **NO**

ARE ALL OF YOUR CHILD'S/YOUTH'S IMMUNIZATIONS CURRENT? **YES** **NO**

PARENT(S) SIGNATURE _____ **DATE** _____