

**ACTIVITIES CONSENT FOR
ST. THOMAS, MEDINA YOUTH GROUP**

July 2009 – June 2010

PLEASE NOTE: Individual off-site or overnight events will require a separate, smaller permission slip.

Participant's name: _____

PERMISSION TO ENGAGE IN YOUTH GROUP ACTIVITIES

I/we, the parents/legal guardians of the child named above understand that the St. Thomas Youth Group is an active indoor/outdoor program for youth from 6th to 12th grades. This program includes, but is not limited to, spiritual and social development, church involvement, community outreach, retreats, skating, skiing, bowling, hiking, swimming, etc. Some of the activities many involve transportation by the volunteer leaders. Permission is hereby granted by the undersigned for our child to participate in all organized Youth Group activities from July 2009 through June 2010 (with the knowledge that each individual off-site or overnight event will require an additional, smaller permission slip). I/We take full responsibility for the actions of our child and relieve all adults and St. Thomas Episcopal Church of any liability in conjunction with these activities. _____ (Initial)

PHOTOGRAPHIC IMAGE RELEASE

I/We give permission for the child named above to be photographed and/or videotaped during any St. Thomas event and for the images and/or recordings to be published, reproduced, or distributed by St. Thomas in all outlets, including, but not limited to, television, newspapers, internet, church publications, and promotional materials without liability or limitation on my or my minor's part. Furthermore, such use shall be without payment of fees, royalties, special credit, or other compensation. _____ (Initial)

EMERGENCY MEDICAL CONSENT

I/We give permission, if I/we cannot be contacted, for our child to be treated at any hospital or licensed health care facility by any physician when deemed immediately necessary or advisable by the physician to safeguard our child's health. I/We waive the right of informed consent to such treatment. _____ (Initial)

EMERGENCY INFORMATION

In case of emergency, please contact:

(Parent or guardian) (Phone)

(Additional contact) (Phone)

Our child has the following allergies and/or physical limitations and/or is taking the following medications (if none, write that here):

Health Insurance Company: _____

Policy Number: _____ Name of Insured: _____

Family Physician: _____ Physician Phone Number: _____

Physician Address: _____

By signing below, I acknowledge that I agree to all the above initialed items.

Signature of parent/guardian Date

Signature of parent/guardian Date