



St. Thomas
Episcopal Church
CHESAPEAKE, VIRGINIA

Children and Youth Activity Permission and Health Form

This Permission Slip is applicable to all St. Thomas Episcopal Church, Chesapeake children and youth activities from July 1, 2023 – June 30, 2024.

Participant Name: _____ Preferred Name: _____

Birth Date: _____

T-shirt size: _____ Current Grade: _____ Current School: _____

***If there are special custodial arrangements, please notify Youth Ministry ***

Parent/Guardian Information

If parents live at different addresses, list both, and indicate which is the primary

Parent/Guardian Name: _____

Address(es): _____

Best Phone Number: _____

Parent e-mail: _____

Person to notify in case Parent/Guardian CANNOT BE REACHED!

Name: _____ Relationship: _____

Phone: _____

Dietary needs/restrictions: ***If you have special dietary needs, please do let us know. We will try to accommodate all requests.*

Health and Medical Information

Allergies/medical conditions:

The following is a list of medications that my child will need to take while attending St. Thomas activities. (Please attach a list if additional room is needed.) **All prescription medication must be properly labeled in its original pharmacy container.** Over the counter medication must also have the youth's name written clearly on the container.

NAME OF MEDICATION

DOSE

WHEN TAKEN

I give permission for my child to receive the following over-the-counter medications from an adult sponsor:

Cough Drops

Motrin

Tylenol

INSURANCE

Health Insurance company: _____

Policy #: _____

Insured's name: _____ Relationship to Insured: _____

Covenant

I, _____, (*participant's name*) covenant with my group and leaders to abide by the following as a participant in St. Thomas Episcopal Church, Chesapeake youth activities.

- To respect the dignity of every human being
- To support the group by participating fully and listening to others with respect and an open heart
- To respect social media expectations - no posting of others without permission
- To be drug, alcohol, and tobacco-free
- To turn in any over the counter or prescription meds to adult leaders to be administered as directed by a physician/ parent
- To not engage in sexual behavior
- To participate in a way that won't detract from others' experiences
- To remain in supervised areas at all times
- To treat the host's property with respect
- To not be in the opposite gender's sleeping area

I understand, should I not abide by this Covenant, that my participation in St. Thomas youth activities may be cut short, my parents contacted, and I may be sent home from an event at the expense of my parents.

Participant Signature _____ Date _____

Parent/Guardian Authorization & Signatures

PARENTAL CONSENT:

I give full permission for my child to attend and participate in any youth activity sponsored by St. Thomas.

DURABLE POWER OF ATTORNEY FOR EMERGENCY MEDICAL/SURGICAL CARE:

I represent and warrant that to the best of my knowledge my child has no illness, congenital defect, or other health condition that makes my child's participation in St. Thomas Episcopal Church, Chesapeake youth activities unsafe for my child or other participants even with reasonable accommodation of any disability.

I appoint St. Thomas Episcopal Church, Chesapeake for the limited purpose of consenting to any emergency medical or surgical care for my child that may be recommended by a physician regarding any injury or illness that may arise while my child is participating in a St. Thomas youth activity. St. Thomas shall use its best efforts to contact me in advance of exercising this delegated power so that I may direct my child's care. If I am unavailable after reasonable attempts to contact me, or if my child's condition makes any delay medically inadvisable, then St. Thomas Episcopal Church, Chesapeake may exercise the delegated power without communicating with me first.

I agree to pay all health care providers for any services rendered to my child pursuant to this delegated power, whether through health insurance or private payment.

TRANSPORTATION RELEASE:

I give full permission for my child/children to be transported to St. Thomas Episcopal Church youth activities, which includes permitting my child to attend and participate in activities off-site of the St. Thomas Episcopal Church campus.

WAIVER OF LIABILITY:

I release St. Thomas Episcopal Church, Chesapeake, its agents, employees, officers, vestry members, and volunteers, from any liability of any kind or nature that may arise in any way from my child's participation in St. Thomas Episcopal Church, Chesapeake youth activities.

MEDIA RELEASE:

I give permission for photographs or videos of my child to be taken during my child's participation in St. Thomas Episcopal Church, Chesapeake youth activities, to be used by St. Thomas Episcopal Church, Chesapeake for promotional purposes.

Parent/Guardian Signature: _____ Date: _____

Witness: _____ Date: _____

*by typing your name, it acts as a physical signature