

PARENTAL CONSENT FORM FOR PROGRAM YEAR 2011-2012

Participant Name: _____

Participants E-mail address: _____

Grade: _____ DOB: _____

Home Phone: _____ Youth Cell Phone: _____

Address: _____

Parent Name: _____

E-mail address: _____ Business Phone: _____

Cell Phone: _____

Parent Name: _____

E-mail address: _____ Business Phone: _____

Cell Phone: _____

We (I), the undersigned, do hereby give permission for our (my) child, _____, to attend and participate in all activities sponsored by St. Stephen's Episcopal Church (St. Stephen's) during the 2011 - 2012 program year. Additional information regarding activities will be provided during the program year.

We (I) authorize an adult volunteer/Minister of Youth and Hospitality/Minister of Families and Vocation from St. Stephen's, in whose care the minor has been entrusted, to seek emergency medical or dental diagnostic procedures or treatment ordered by a licensed health care professional for emergency care.

We (I) understand that an adult volunteer/ Minister of Youth and Hospitality/Minister of Families and Vocation will contact us (me) as soon as possible if an emergency medical matter occurs regarding our (my) child.

We (I) the undersigned, are (am) liable and agree to pay all costs and expenses incurred for such emergency medical and dental services rendered to our (my) minor child.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, we (I) the undersigned shall assume all transportation costs.

In addition, we (I) the undersigned do also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in St. Stephen's sponsored activities held at other locations.

PLEASE FILL OUT THE FOLLOWING INFORMATION

Do you have medical insurance? Yes No

Insurance Company: _____ Policy Number: _____

Emergency Phone Numbers: _____

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Please list all allergies, medication allergies, special medical problems, current medications, or any other relevant medical history to help us respond in the best way possible for your child's needs. Thank you!

Media and Photo Release Form

The undersigned participant does agree to grant to St. Stephen's Episcopal Church permission to record on film, video tape, or audio tape, his or her participation in all programs sponsored by St. Stephen's. He or she further agrees that any or all of the material recorded may be used, in any form, as part of any future production(s) made by or for St. Stephen's, and further, that such use shall be without payment of fees, royalties, special credit, or other compensation.

Participant's Name

Participant's Name

Participant's Name

Participant's Name

Parent/Guardian Signature Date
Necessary for all participants under the age of 18