

Episcopal Diocese of Chicago

Medical Release for Youth Events and Participant Info 2019-2020

Return to: Youth Ministry Office • 65 E Huron • Chicago, IL 60611

Or fax to 312-262-2964

Participant Name (please print)	
Gender	
Date of Birth	
Grade in School 2019-2020	
Address	
City, State, Zip Code	
Home Phone #	
Youth Cell Phone #	
Youth Email	
Parent/Guardian Email	
Parish/Church	

Health Insurance Company	
Policy #	
Insured's name	
Youth relationship to insured	
Family Physician	
Physician Phone daytime / after hours	

Emergency Contact	Name (Please print)	Home Phone #	Work Phone #	Cell Phone #
Parent/Guardian				
Parent/Guardian				

Emergency Contact	Name (Please print)	Home Phone #	Work Phone #	Cell Phone #
Emergency Contact if parent cannot be reached. Relationship?				

Special Medical Concerns (that might limit participation or be important in an emergency)	
Dietary Restrictions	
Vegetarian	_____ Yes _____ No
Allergies	

The following is a list of medications youth participant will need to take while attending events: (please attach list if additional room is needed.)

Medications to be administered	Dosage	Times

- All prescription medication must be properly labeled in its original container.
- Over the counter medication should be labeled with participant name on container.

Permission to receive OTC medications: I give my permission for my child to receive over the counter medications from adult staff at events, such as Tylenol, ibuprofen, cough drops, Mylanta etc. **Parent/Guardian Signature** _____ **Date** _____

Parental Consent: I give full permission for my child to attend Diocesan Youth events, including but not limited to: New Beginnings, Happening, Diocesan Convention, Jr. High / Sr. High Retreat, Mission Trips and other events named here:

Parent/Guardian Authorization for Health Care: This health history is correct, and the person described has permission to participate in all activities except as noted by me and/or an examining physician. I give permission, to the provider, selected by the camp to order x-rays, routine tests, and treatment related to the health of my child in emergency/urgent situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with event staff.

Parent/Guardian Signature _____ **Date** _____

Photo/Video Publicity Release Statement

YES NO

I give my permission for photographs or video footage of my child to be used by the Diocese of Chicago for promotional purposes. (Brochures, website photos, promotional videos, etc.) *No names are used on website photos or in publicity.*

Transportation Release: I give full permission for my child to be transported to youth activities in conjunction with the above mentioned events, away from our meeting site, riding in approved vehicles, with approved drivers in the Diocese of Chicago, and to attend and participate in activities off site of our main program.

Waiver of Liability: I agree to hold the Diocese of Chicago and any associated agencies and persons free and waive any claims for payment for accident, injury, disability, or damages to the person or property of the aforementioned child arising out of or connected with his/her participation in any activity related to his/her participation in the aforementioned activity.

Parent/Guardian Signature _____ **Date** _____



Episcopal Diocese of Chicago

Youth Event Covenant

The following covenant helps provide for the physical, emotional, and spiritual safety of our Diocesan Youth Community. All participants agree to actively participate in all parts of the event and to abide by the standards of the community, which are as follows:

1. I will respect and follow the rules for the event.
2. I will respect the physical property of the facility, and the property of each person at the event.
3. I will remain on the premises and be an active participant in all scheduled activities for the event.
4. I will wear appropriate clothing.
5. I will hand in all prescription medication to the event nurse.
6. I will not enter any designated sleeping areas other than my own.
7. I will not engage in sexual behavior, including sexual misconduct, sexually explicit communication, or harassment.
8. I will not use or be in possession of alcohol, illegal drugs, or tobacco.
9. I will not bring anything that could be considered a weapon, such as firearms, knives, pocket-knives, or fireworks.
10. I will not participate in acts of violence, aggression, or fighting.

These Standards apply to all adult and youth participants.

By signing below I agree that these are reasonable expectations and I will do everything I can to live up to them. If I choose to violate the rules set for the event I am planning to attend, I understand that there will be consequences, which may include my being sent home at my own expense and without refund.

Participant Signature: _____ **Date:** _____

As parent and/or legal guardian of this child I have read the above and believe that he/she is capable of aspiring to and following these community expectations and rules. I also understand that if my child fails to meet these expectations, I will be contacted and asked to bring my child home from the event.

Parent/Guardian Signature: _____ **Date:** _____
