

**St. Mark's Episcopal Church
Youth Events 2008-09
Permission Form**

To be filled out once for the year.

Full name of Child: _____

Age: _____ Grade in Fall: _____ Birthdate: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____

Parent/Guardian Name: _____

Parent/Guardian Business Phone: _____

Dietary needs: _____

Allergy needs: _____

Medications: _____

Other special needs*: _____

*Examples: Hearing impaired; physical disabilities (movement and games in a gymnasium are structured into a program); ESL; learning disabilities; etc.

PARENTAL AFFIRMATION

I, _____, do hereby affirm St. Mark's Episcopal Church that I have the legal authority to provide my consent and authorization for matters relating to the participation of _____ in the events through St. Mark's Episcopal Church.

Date

Parent/Guardian Signature

Relationship to Child

Medical Consent Form

To Whom It May Concern:

We (I), the undersigned, do hereby give permission for our (my) child _____ to attend and participate in events through St. Mark's Episcopal Church in Glen Ellyn, Illinois between October 2008 through September 2009.

We (I), authorize an adult, in whose care the above named minor has been entrusted by us or a staff member of St. Mark's Episcopal Church to consent to any reasonably necessary medical examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and/or hospital care, to be rendered to the above named minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of Illinois law and an active member of the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of any such physician or any such hospital, clinic, or urgent care facility.

We (I), the undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medial and dental services rendered to the aforementioned child pursuant to this authorization.

We (I) understand that should it be necessary for our (my) child to return to my care due to medical reasons or otherwise, that I shall assume all transportation costs.

Please Fill Out the Following Information

Do you have hospital insurance? YES NO (please circle one)

Insurance Company: _____

Policy Number: _____

Please list any allergies, medical problems, current medications, etc., you think would be important for us to know about: _____

Date

Parent/Guardian Signature

Parent/Guardian Signature

WAIVER AND RELEASE

I, _____, Parent/Guardian, on behalf of _____ (“Participant Minor Child”) do hereby release, waive, discharge, and covenant not to sue and agree to hold members of St. Mark's Episcopal Church, its officers, directors, employees, representatives, agents and affiliates, and the staff from any and all claims, demands and actions of any and every kind directly or indirectly arising out of or relating in any respect to the participation of the Participant Minor Child in events during 2008-2009. My waiver and release of all claims, demands, actions, and liability shall include without limitation, any injury, illness, death, property damage or loss to the Participant Minor Child which may be caused by any act, or failure to act by the staff or sustained before, during or events unless such injury, illness, death, property damage or loss is a direct result of the willful misconduct of either the church or the staff.

I understand that, without limitation of the foregoing, St. Mark's Episcopal Church shall be liable and each is hereby released each from all claims that may arise from loss or damage to the Participant Minor Child’s personal property or the interruption of events for whatever reason. St. Mark's Episcopal Church shall not be responsible for any lost or stolen property of the Participant Minor Child or any persons attending day activities thereof.

Parent/Guardian Signature

Date

MEDIA RELEASE FORM

On behalf of _____ (“Minor Child”), the undersigned parent does agree to grant St. Mark's Episcopal Church and the Episcopal Diocese of Chicago, permission to record on film, video tape, or audio tape, the participation of Minor Child. The undersigned parent/guardian further agrees that any or all of the material recorded may be used, in any form, as part of any future productions made by or for St. Mark's Episcopal Church or the Diocese, and further, that such use shall be without payment of fees, royalties, special credit, or other compensation to or for the benefit of Minor Child, parent, or any other person or entity.

Date

Parent/Guardian Signature

Necessary for all participants under the age of 18

FIELD TRIP PERMISSION

I, _____, Parent/Guardian, on
behalf of _____, give permission for my
minor child to participate in _____ activities taking place off
site from the St. Mark's Episcopal Church in Glen Ellyn. I understand that
transportation to and from these activities will be provided for my child by St.
Mark's Episcopal Church.

Date

Parent/Guardian Signature