

St. Paul's Youth Ministry Program Permission Form

Please fill out the form completely.

Youth name: _____ Birthdate: _____

Address: _____ City/Zip: _____ Grade: _____

Parent(s) name(s): _____ Parent Email: _____

Phone H (____) _____ W (____) _____ Cell (____) _____

Allergies; food or otherwise or other medical concerns: _____

Emergency Contact: _____ Phone: _____

Physician/Clinic: _____ Phone: _____

Insurance Company and ID number: _____ Hospital Preference: _____

Medical Release

We (I) give my permission for my child _____ to attend a youth ministry event sponsored by St. Paul's Church. We (I), authorize an adult, in whose care the above named minor has been entrusted by us or a staff member of St. Paul's 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 Minnesota 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.

WAIVER

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. Paul's Church, its officers, directors, employees, representatives, agents and affiliates, and the staff of St. Paul's Church 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. 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 of St. Paul's Church or sustained before, during or after the event 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, the staff/volunteers of St. Paul's Church shall not be liable and is hereby released from all claims that may arise from loss or damage to the Participant Minor Child's personal property for whatever reason. I also give permission for my child's picture but not name to be used on the parish website, bulletin board and newsletter.

Parent Signature: _____

Date: _____