

Medical Release for Children & Youth Events and Participant Information

Effective 1 September 2022 - 31 August 2023

Return to: Lauren Dockery • Director of Children & Youth Ministries • e-mail: ldockery@stpauls-church.org



General Contact Information

Participant Name			
Date of Birth	Gender	Grade for 2021-2022	
Street Address			
City, State, Zip Code			
Parent/Guardian Mobile	Parent/Guardian E-Mail		
Youth Mobile	Youth E-Mail		

Medical Information

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the below-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; (2) the transfer of the child to any hospital reasonably accessible.

This Authorization does not cover major surgery unless the medical opinions of two (2) other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

☐ I have read the above statement and give consent.

Policy #				
Insured's name	Relationship to Youth			
Primary Care Doctor	Phone Number			
Emergency Contact	Name	Best # for Emergency Contact	2 nd Best	3 rd Best
Parent/Guardian 1				
Parent/Guardian 2				
Contact if parent/guardian unreachable. Relationship?				
Special Medical Concerns (that might limit participation or be important in an emergency)				



■ St. Paul's Episcopal Church ■

2747 Fairmount Boulevard ■ Cleveland Heights, Ohio ■ (216) 932-5815 ■ www.stpauls-church.org

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Dietary Restrictions	
Allergies	

Medications to be administered	Dosage	Times

- All prescription medication must be properly labeled in its original pharmacy container.
- Over the counter medication should be labeled with participant name on container.
- Staff will be notified immediately if there is any change in medication or in the prescribed treatment.

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

Parent/Guardian Signature _____ **Date** _____



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Permissions and Waivers

Parent/Guardian Consent: I give full permission for my child to attend St. Paul's Episcopal Church Youth events, including but not limited to: international and national travel for pilgrimages and mission trips, projects, community outings, retreats, and other events to be named.

Photo/Video/Publicity Release Statement

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

☐ YES

☐ NO

Participant Roster

I give my permission for my child's address/phone number/email to be included on a participant roster of the event (for use of participants only).

☐ YES

☐ NO

Transportation Release

I give full permission for my child to be transported to and during 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 Ohio and those hired professionally for domestic and international travel, and to attend and participate in activities off site of our main program.

Waiver of Liability

To the maximum extent permitted by law, I agree to hold the Diocese of Ohio, St. Paul's Episcopal Church, Cleveland Heights, and any associated or affiliated agencies and persons free of, and to waive, any and all claims of my own, my spouse, or of my child for payment for accidental or wrongful death, injury, disability, or damages to myself, to my spouse or 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. To the maximum extent permitted by law, I freely and knowingly agree to submit to mandatory and binding arbitration any claims of my own, of my spouse and of my child, arising from or related to this Release, all claims included in this Release and waiver of liability and all claims related to the enforcement and enforceability of this Release and waiver of liability. I agree that any such arbitration shall proceed exclusively in Cuyahoga County, Ohio before a single arbitrator employed by or affiliated with JAMS and in accordance with JAMS Streamlined Arbitration Rules & Procedures (eff. July 15, 2009). I freely and knowingly waive, for myself, my spouse and my child, any and all rights to assert any such claims in any court or other judicial tribunal and I further waive any rights of my own, my spouse and my child to any jury trial of any claim, damage, action or cause of action subject to arbitration under this Release and waiver of liability.

Parent/Guardian Signature _____

Date _____

Please Print Name _____



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