

St Andrew's Episcopal Church
Parental Permission, Medical Consent, and Hold Harmless Form
2026-2027

I, _____ (print name of Parent/Guardian), being the parent or legal guardian of _____ (name of minor) hereby give my consent for my minor child to participate in activities sponsored by St. Andrew's Episcopal Church, a California non-profit corporation, hereafter, 'The Church'. I understand that if my child is showing evidence of having or using alcohol, illegal drugs, or tobacco; or demonstrating abusive behavior, I will be contacted immediately and will be responsible for picking them up. I understand that the leaders will take all reasonable safety precautions, and that the possibility of an unforeseen hazard may exist. I further agree not to hold The Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form.

I give permission to The Church to use my child's photo: _____ Yes _____ No

I give permission for my child to be tagged in photos on Facebook or Instagram _____ Yes _____ No

As parent/legal guardian of _____ (minor's name), I _____ (parent/guardian's printed name) do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event that I cannot be reached in an emergency, I give permission to the activity leader to make the decision necessary for treatment. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care. Further, as a parent/legal guardian I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any insurance policy The Church, or organization sponsoring these events might carry, will be used only as the secondary coverage.

Child's birthdate: _____

Child's medical conditions: _____

Child's medication(s): _____

Allergies to medication: _____

Dietary restrictions: _____

Family Health Insurance Company: _____

Policy#: _____

Member's name: _____

Doctor: _____ Dr. Phone#: _____

Emergency Contact: _____ Phone#: _____

Signature of Parent/Legal Guardian: _____

Date: _____ Phone Number: _____

OVER

Participant's Home Address:

Parent's Preferred Email Address _____

Participant's School 2026-2027 _____

Grade Level in 2026-2027 _____

Non-medication Allergies _____

Any history of car sickness? _____

Non-Prescription Medication Permission.

I hereby grant Bethlehem/St. Andrew's youth trip leadership permission to dispense the following over-the-counter medications to my child.

Parent

Signature _____ Date _____

Please check all medications trip leaders have permission to dispense to you and list any special instructions.

☐ Tylenol _____

☐ Ibuprofen _____

☐ Decongestants _____

☐ Antihistamines _____

☐ Tums/Roloids _____

☐ Pepto Bismol _____

☐ Hydrocortisone Cream _____

☐ Caladryl _____

☐ Motion Sickness _____

☐ Other _____

☐ Other _____

☐ Other _____