

CONSENT/EVENT FORM

DIOCESE OF OHIO

EVENT _____
 NAME _____ BIRTH DATE _____ SEX: M F
 ADDRESS _____ STATE/ZIP _____ PHONE _____
 PARISH _____
 PARENT/GUARDIAN (NAME/DAYTIME PHONE NUMBER/RELATIONSHIP) _____

OTHER CONTACT (NAME/ #/RELATIONSHIP) _____

INSURANCE CO _____ POLICY # _____

HEALTH CONCERNS (prescribed or over-the-counter medications, allergies, surgeries): _____

*I give permission to this young person to attend and participate in activities, including swimming, sponsored by the Office for Congregations and Christian Formation of the Episcopal Diocese of Ohio, 2230 Euclid Ave., Cleveland, OH 44115-2499, 800-551-4815/216-771-4815.

* I authorize an adult, in whose care this minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, or hospital care, to be rendered to this minor under the general supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital. I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the above named youth pursuant to this authorization.

* I give permission for this youth to ride in any vehicle designated by the adults in whose care this minor has been entrusted while attending and participating in this event.

* I give permission for this minor to be photographed/video taped and that these photographs may be used in diocesan publications.

* I understand the general guidelines of behavior: that the participant must respect and adhere to the instructions of the adult(s) in charge and that NO alcohol, illegal drugs, or sexual misconduct will be permitted at this event and that there will be no use of tobacco products permitted.

* I will assume all transportation costs for this youth if problems occur during this event. I will take no civil action or legal action against the adult(s) in charge of the events of the Episcopal Diocese of Ohio for normal care of this minor in their charge.

*Check all medications below if we have permission to distribute to your child – ONLY medication listed below will be available to your child. Please indicate dosage if applicable.

___ Medicated Cough Drops	___ Anti itch gel	___ Burn Gel for Minor Burns
___ Medicated Sting & Bite Relief	___ 3 in 1 Antibiotic Ointment	___ Visine Eye Drops
___ Advil (Ibuprofen)	___ Tylenol (Acetaminophen)	___ Benadryl (Diphenhydramine)

Allergies _____

List any long-term medications now receiving _____

PARTICIPANT: _____ Date _____

If 18 sign only participant. Under 18 also need:

PARENT OR
 LEGAL GUARDIAN: _____ Date _____

Covenants For This Weekend

This weekend we are a community. In this community we need to agree to some simple promises we will keep, concerning each other and ourselves.

There are 5 non-negotiable items we must all agree to. If you choose to violate one of these non-negotiables you are choosing to not be a part of this community. Your parents or guardian will be contacted and they will need to come and pick you up regardless of time of day.

1. **No possession or use of alcohol or any controlled substances.**
2. **No possession or use of weapons.**
3. **No sexual misconduct** (includes sexual intercourse, heavy kissing and fondling). If in doubt, if you wouldn't do it in front of your parents, don't do it here!
4. **No use of any tobacco products** and no giving of tobacco products to other attendees.
5. **No leaving of the church property** without permission from your youth advisor or designated adult.

All of these non-negotiables have to do with respecting each other, this space and ourselves. Let's agree to treat each other and ourselves as the children of God that we are.

Please also remember that this church family is hosting us for the weekend and we are guests in this "house". Please treat it, and this parish family with respect, concern and care.