

**St. John's Parish Student Ministries Medical Release Form,
Physician Information and Youth Covenant**

Parental Release Form- Guardian

I hereby give permission for _____ to attend St. John's Parish Student Ministries events and retreats, and the Episcopal Diocese of South Carolina's youth ministry events and participate in its activities. I also give my permission for St. John's staff to administer routine first aid (i.e. ibuprofen, band aids, cough medicine, acetaminophen, cortisone cream, or antibiotic cream), obtain emergency medical treatment to be administered to my child, and for medical treatment decisions to be made by the youth leaders on this event. I understand that attempts will be made to contact me in the event of an emergency. I also hold harmless St. John's Parish and the Episcopal Diocese of South Carolina and the staff and leaders involved in this event.

Videotaping and Still Photographs

I authorize St. John's Parish to use photographs and videos of my child for productions, publications, etc. which are exclusively for the purpose of promoting activities related to St. John's Parish.

Guardian Name (print) _____ Date _____

Guardian Signature: _____

Contact Information - Guardian

Address _____

City, State, Zip _____

Email _____

Medical Release Form & Physician Information - Guardian

Day Phone _____ Mobile Phone _____

Medical Insurance Company _____

Id/Group Number _____ Insurance Co. Phone # _____

Allergies _____

Please list any medications the student is taking and what they are treating:

_____ for _____

_____ for _____

_____ for _____

Other information _____

Personal Doctor _____ Doctor's Number _____

Alternate Emergency Contact _____

Relation _____ Phone _____

Youth Covenant - Student

I wish to represent St. John's Parish, or the Episcopal Diocese of SC by being a member of retreats and events.

My goal by attending is to be part of a Christian community.

I will not bring, have possession of, or use any: drugs, alcohol, tobacco products, weapons (i.e. knives, etc.), firearms, or fireworks.

I will respect all property including the vehicles we travel in, the church that is housing us, and any other property that I come in contact with while on this trip.

I will show respect and abide by all laws set by the leaders on this event.

I understand that I am responsible for all of my belongings that I bring on the trip.

I will refrain from any behaviors which may be perceived by others as sexual in nature or inappropriately affectionate.

I understand that I am always to conduct myself in a Christian manner, and conduct myself according to biblical standards, including respecting myself and others.

I have read and understood the above covenant. I agree to follow the rules of the trip, and I realize that failure to follow these rules will result in me being sent home at my own expense.

Student print _____

Student sign _____

Date _____

Contact Information - Student

Name (print) _____

Cell Phone # _____ Gender M F

Email Add _____

Birthday: _____ Grade _____ School _____

School Activities _____

Current T-shirt size: S M L XL XXL

Other Information _____

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

Participant's Name: _____ Date of Birth: _____

Address : _____

SSN: _____

Phone: (home) _____ (alternate) _____

The purpose of this disclosure is to facilitate the treatment of the participant in the event of a medical emergency while participating in a St. Johns Parish sponsored activity for the period September 1, 2008 through August 31, 2009.

The type of information to be disclosed is as follows:

problem list	medications	physician progress/visit notes
radiological reports	nurse notes	physician orders
films/images	laboratory results	discharge summary

I understand this information may include reference to physical and psychiatric care.

I authorize the exchange of this information via phone, email, fax, or face to face.

I understand that I have a right to cancel/revoke this authorization at any time. I understand that if I cancel/revoke this authorization I must do so in writing and present my written cancellation/revocation to St. Johns Parish. I understand that the cancellation/revocation will not apply to information which has already been released in response to this authorization. This authorization will expire when the participant is in my physical custody.

I understand that authorizing the disclosure of protected health information is voluntary. I can refuse to sign this authorization. I do not need to sign this authorization in order for the participant to receive treatment. I understand that I may review and/or copy the information disclosed. I understand that any disclosure of information carries with it the possibility of unauthorized disclosure by the person/ organization receiving the information. If I have questions about the disclosure or use of this participant's protected health information I may contact St. Johns Parish at 559-9560.

I understand that I will be given a copy of this authorization upon request.

Signature of Participant or Legal Guardian

Date: _____

Printed Name of Participant or Legal Guardian

Relationship to Participant if Signed by Legal Guardian

Witness Signature

Description of Participant's Representative's authority (Why participant is not signing): Participant is a minor

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Dear Parents,

We are very excited to be a part of raising a strong faith within your children. We take very seriously our role in your child's spiritual and physical life. Therefore, we ask that these forms be completed so we may have up to date contact information on you and your child, as well as the ability to provide proper medical care in the event of emergency. These forms should be completed by both parents and teenagers, giving us the most current information about how to contact and serve your individual needs. These forms should cover most, if not all of our trips this year. We will keep one copy at the church, and one will go with the group in the field.

All information below will be kept confidential and accessed by church and youth staff only when necessary. If you have any questions about any of the forms below, please feel free to call me at my office (559-9560). Thank you for helping us streamline our medical release forms!

Sincerely,

Rob Schluter
Youth Minister - St. John's Parish
843-599-9650
rob@stjohnsparish.net