



**St. Martin's
in-the-Field
Episcopal Church**

**MEDICAL RELEASE AND WAIVER FORM
ALL CHURCH SPONSORED YOUTH EVENTS IN 2019-20**

I give permission for my youth (name) _____ to attend the St. Martin's-in-the-Field Episcopal Church sponsored events. I authorize the adult coordinator(s), if necessary, to seek emergency medical help to be administered as medically necessary and to use the medical information below in doing so. I give permission for my youth to ride in a vehicle driven by an adult while attending and participating in any event. I accept the standard liability insurance as provided by the Diocese of Maryland and I release St. Martin's-in-the-Field Episcopal Church ("the Church"), the Diocese of Maryland ("the Diocese"), and its employees and adult coordinators from all liability beyond this coverage.

I understand that the Church has established, and from time to time will establish, rules and regulations pertaining to conduct, behavior and activities of all participants. The youth and I agree to abide by these rules and regulations and I will be responsible for her/his/my failure to abide by those rules and regulations. Without limiting the generality of the foregoing, I acknowledge that these rules strictly prohibit: 1) the use of any alcohol, tobacco products and drugs or medications not specifically prescribed for the individual possessing them; 2) the use of foul or other inappropriate language, gestures or insults to others; 3) inappropriate clothing; or 4) any inappropriate behavior. My youth and I understand that violation of the rules may result in dismissal from an event. Should my child be dismissed from an event, I assume all responsibility for transportation home, including any and all cost.

I have read and understand this medical release and waiver form and am aware that this waiver releases the parties listed above from liability.

Printed Name of Parent/Legal Guardian: _____

Signature of Parent or Legal Guardian: _____ Date: _____

Relationship to Youth: _____

I have read this waiver, particularly the part about rules and regulations. I understand that I am an ambassador of the Church and promise to act in a manner that is consistent with our faith.

Printed Name of Youth: _____ Date of Birth: _____

Signature of Youth: _____ Date: _____

The Church and Diocese strictly prohibit sexual misconduct of any type by an ordained person or church worker, including volunteers. If you believe that you have information regarding sexual misconduct, please notify The Rev. Nathan Erdman or The Rev. Matthew Hanisian by calling the Church at 410-647-6248.

Insurance and Medical Information

Please provide below information concerning any medical insurance under which the Youth is covered and provide a copy of your insurance card.

Insurance Company: _____

Phone Number: _____

Medical Insurance Policy/Group Number: _____

Name of Insured: _____

Family Doctor: _____ Phone Number: _____

Please list all medications, including non-prescription medications, and allergies.

Medications:

Allergies:

Please list any medical conditions of the Youth:

I authorize the Church, The Diocese and/or any of their employees or representatives, if necessary, to give the Youth non-prescription medicine (Tylenol, Benadryl, cold/allergy remedy, etc.) while participating in or traveling to or from an event.

Signature of Parent or Legal Guardian: _____ Date: _____

Emergency Contact Information

Primary Contact: _____ Telephone: _____

Relationship to Youth: _____

Secondary Contact: _____ Telephone: _____

Relationship to Youth: _____