

ST. MARK'S CHURCH – CAPITOL HILL

Nursery, Sunday School, and Youth Activity Permission and Release Form

Applicable for 12-month period beginning September 1, 2020

(Please fill out one form for each participating child)

Nursery Catechesis 1 Catechesis 2 Catechesis 3 Middle School High School

Name (Last; First) _____

Gender Expression _____ Age _____

Date of Birth _____ Grade _____ School _____

Address _____ City _____ State _____ Zip _____

Email Address for Child's Zoom App Use _____

Emergency Contact: Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Email _____ Relationship _____

Medical Contacts: Family Physician _____

Phone _____ Address _____

Family Dentist _____ Phone _____

Parent / Guardian A. Name (Last, First) _____

Address (if different from above) _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Parent/Guardian B. Name (Last, First) _____

Address (if different from above) _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Insurance Company _____ Phone _____

Subscriber's Name _____ Policy # _____

Preferred Hospital _____ For off-site and overnight retreats, please include a photocopy of the subscriber's insurance card.

Medications, Special Needs, Conditions, Limitations, Medications: Please list prescription or over-the-counter medications taken regularly and specific circumstances for which they might be required.

Date of Last Tetanus Shot _____

Medical Allergies _____

Other Allergies (bites, stings, food, etc.)

_____ Dietary Restrictions

Special Needs: Please describe medical, physical, or emotional conditions that may impact or limit this young person's ability to participate fully in activities or special needs which must be considered to ensure this young person has a positive experience participating in group activities. Also list any medical conditions of the child such as asthma, diabetes, or epilepsy that could require emergency attention prior to establishing contact with your medical and emergency contacts. _____

Photography Permission: During St. Mark's youth events and activities, photographs and / or video photography may be taken by leaders and/or participants to promote St. Mark's youth activities and programs within the community. Photographs may be posted on the bulletin boards, St. Mark's Facebook, Instagram, or Twitter pages, or the St. Mark's website, published in The Gospel or shown to St. Mark's audiences. It is the policy of the Episcopal Diocese of Washington not to print the individual names of minors. Photographs of my child may be used. Photographs of my child may not be used.

Use of Computer and Zoom App Permission: I give my child permission to access St. Mark's Sunday School and Youth Activities via Zoom using our home computer. [] Yes [] No.

Release From Liability: The Undersigned Parent(s) or Legal Guardian(s) of

_____, a minor child, do hereby grant permission for the said child to attend, engage, and actively participate in any and all of the various activities sponsored by St. Mark's Episcopal Church Capitol Hill for the Nursery, Sunday School and Youth Programs, including travel in church and/or personal vans or automobiles driven by adult leaders and supervisors. This consent also includes specific authorization for any of the adult activity leaders (staff or volunteer) to: 1. make medical decisions with respect to said minor child in the event of accident or injury when parental consent

shall be unavailable or when circumstances shall require immediate medical decision; 2. obtain and consent to medical treatment including, but not limited to, admission to a hospital, administration of medication and/or anesthetics, blood transfusions, surgery, and dental work of any kind; 3. administer medication when required.

I / We verify that: 1. notice of this child's medical conditions, medications, or any other special needs which may require the leaders' attention have been provided on this form; 2. this child is enrolled in a medical insurance program which will cover his or her medical expenses both within the U.S. and overseas, and that any medical expenses not so covered will be solely the responsibility of the parent(s) or legal guardian(s); 3. the parent(s) or legal guardian(s) will bear full legal and financial responsibility for this child, including, but not limited to the obligation to pay for any debts he or she may incur, damage to property caused by this child, and separate transportation home in the event it becomes necessary.

I / we further verify that I / we will support the rules and boundaries set by the teachers and youth leaders who work with our child on behalf of St Mark's.

I / we recognize that certain activities and travel of any kind involves some risk, and hereby indemnify, agree to hold harmless and to release the Episcopal Diocese of Washington, St. Mark's Episcopal Church Capitol Hill, its members, officers, employees, representatives, and agents including any and all volunteer leaders, and each of them, from any liability for any and all past, present or future claims or causes of action for personal or bodily injury or property loss arising out of any St. Mark's sponsored youth activities that are not due to the negligence of St. Mark's staff or volunteer leaders.

_____ Date _____

Signature of Parent / Guardian Signature of Parent / Guardian

Printed Name of Parent / Guardian Name of Parent / Guardian