



1419 Pine Street, Boulder, CO 80302
(303) 442-5246
FAX (303) 545-2416
office@stjohnsboulder.org
www.stjohnsboulder.org

**PERMISSION FORM
FOR YOUTH MINISTRY TRIPS AND EVENTS
September 1, 2010-August 31, 2011**

My child, _____, may take part in field trips, retreats, mission trips, backpacking trips, ski trips, or any other excursions under appropriate supervision of a representative of St. John's Episcopal Church.

(Parent's names) (Home phone) (Work phone) (Cell or other phone)

(Home address) (City, state) (Zip code) (Email address)

MEDICAL HISTORY FOR YOUTH PARTICIPANT (adult chaperones, please also fill out this section)

Doctor: _____ Doctor's phone: _____

List of current medications and dosages (if none, write none): _____

Allergies (if none, write none): _____

Physical restriction and/or recent surgeries (if none, write none): _____

Additional restrictions or recent illnesses (if none, write none): _____

If any accommodations are needed for participation, list here: _____

Date of Birth: _____ Date of last tetanus shot: _____

Dietary restrictions: (i.e. indicate if you are a vegetarian): _____

Contacts in case of emergency: _____
(Name and relationship) (Phone)

(Name and relationship) (Phone)

INSURANCE INFORMATION (please also attach a copy of insurance card, front and back)

Insurance company: Policy and group numbers: Primary Policyholder name: Employer or provider	Describe any pre-authorization procedures:
---	--

**SEE OVER FOR AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT
AND RELEASE OF LIABILITY**



**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT
AND RELEASE OF LIABILITY**

I, _____, hereby authorize a representative of St. John's Episcopal Church to give consent for medical treatment of my Child _____ in the event of illness or injury arising during a Church-sponsored event. In case of emergency, I understand that every effort will be made to contact me as a parent or guardian. In the event that I cannot be reached, I hereby give permission to the physician or medical professionals selected by the Church representative to admit, hospitalize, secure proper treatment for, and to order injections, anesthesia, surgery or other reasonable medical treatments or intervention for my child. This authorization is effective for the child named above for the period of September 1, 2010 through August 31, 2011. Furthermore, my child and I indicate with our signatures below that we have read and agree to the covenant attached to this form.

I understand that my agreement to the following release is a condition required for my child to participate in youth activities sponsored by St. John's Episcopal Church. I understand that if I do not wish to provide this release for any particular activity, I will ensure that my child will not participate in that activity. In exchange for my child's opportunity to participation in the Church's activities, I hereby release St. John's Episcopal Church and its officers, directors, Vestry members, employees, agents, staff and volunteers, as well as the Diocese of Colorado, The Episcopal Church, and any coordinating church (collectively, the "Released Parties"), from any and all claims or demands associated with injury or damage to the Child, whether based on negligence or otherwise, arising out of:

- all acts or omissions of the independent contractors associated with the activity, such as the transportation companies, restaurants, places of lodging, tour guides, doctors and dentists;
- all acts or omissions of other participants in the activity, and strangers; and
- all acts or omissions of St. John's Episcopal Church and its officers, directors, Vestry Members, employees, agents, staff and volunteers.

These are termed the "Released Claims." This Release applies to all phases of the Church activities, including without limitation transportation to and from the activity, any recreational activities, and as a consequence of any unexpected event that may occur. I do not, however, release the Released Parties from claims arising from gross negligence or intentional misconduct of St. John's Episcopal Church and its officers, directors, Vestry Members, employees, agents, staff and volunteers.

All custodial parents or guardians of the Child must sign this Release.

(Signature of Parent or Guardian)

(Date)

(Signature of Parent or Guardian)

(Date)