

St. Paul's Episcopal Church Maumee, Ohio CONSENT/Medical Release	EVENT: Summer Mission Trip: June 9-14, 2019
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Attach Photocopy of Insurance Card

NAME _____ BIRTH DATE _____ AGE _____

ADDRESS _____ STATE/ZIP _____

HOME PHONE _____

MOTHER _____ CELL _____

FATHER _____ CELL _____

OTHER CONTACT(NAME/#) _____

INSURANCE CO. _____ POLICY # _____

HEALTH CONCERNS (medications, allergies, surgeries):

- * I give permission to this young person to attend and participate in activities sponsored by St. Paul's Episcopal Church, 310 Elizabeth St., Maumee, OH 43537, (419)-893-3381.
- * 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 parish or diocesan publications, including the parish website.
- * 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 unless the individual is at least 18 yrs of age.
- * 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 St. Paul's parish for normal care of this minor in their charge.

PARTICIPANT: _____

If 18 sign only participant. Under 18 also need:

PARENT OR LEGAL

GUARDIAN: _____