

St. Mark's Youth Group
3816 Bellaire Blvd. Houston, Texas 77025
PARENTAL PERMISSION AND MEDICAL AUTHORIZATION FORM

Participant Name: _____ **Birth date:** _____

I give permission for my child (named above) to attend the events, field trips, and service projects associated with the Youth Group of St. Mark's Episcopal Church, Houston, Texas. I further give permission for my child to be transported to and from events by hired and volunteer drivers authorized by the St. Mark's Episcopal Church.

Medical Release

I hereby authorize the Youth Group leaders, volunteers, St. Mark's Episcopal Church, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical or dental care, routine tests, treatment, and necessary transportation advisable for the health and safety of my child. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act for my child.

Custody Release

I further authorize the Youth Group leaders of St. Mark's Episcopal Church of Houston, Texas to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to said adult.

Activity Release

I further give permission for my child to participate in all activities sponsored by the Youth Group or St. Mark's Episcopal Church, except as noted:

Signature of Parent or Legal Guardian **Printed name of Parent or Guardian** **Date**

EMERGENCY CONTACT INFORMATION

Parent(s)/Guardian(s)

Name(s)

Street Address

City State Zip

| Phone Numbers | Phone Type (Home, Mobile, etc.) |
|---------------|------------------------------------|
| | |
| | |
| | |
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Parent(s)/Guardian(s) Email address(es)

Email address(es)

Other Emergency Contact(s)

Name(s) Relationship to Participant

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St. Mark's Episcopal Church Youth Group
Kim Rogers, Director of Children, Youth and Young Adult Formation
3816 Bellaire Blvd. Houston, Texas 77025

Health Care Information

Participant Name: _____

Birth date: _____

Physician**Dentist**

Name

Name

Phone

Phone

Medical Insurance Company

Dental Insurance Company

Policy/Group Number

Policy/Group Number

Name of Policy Holder

Name of Policy Holder

Please list any allergies to drugs, foods, plants, insects, etc:

Does your child wear glasses or contacts?

Date of last tetanus shot _____

For your child's safety and our knowledge, is your child a good, fair or non-swimmer?

Please list any prescription medication to be taken by the participant (including what it is taken for, when it is to be taken, dosage information, and any special procedures):

Please list any non-prescription (over-the-counter) medication you do NOT want dispensed to your child:

Please list any additional information relevant to participating in Youth Group activities (dietary needs; surgeries or serious injuries; chronic or recurring illness; medical conditions such as epilepsy or diabetes; psychiatric counseling or indications, etc.):

You have received this parental consent form to both inform you and to request your permission for your child's photo/image and name to be published on stmarks-houston.org and/or any other websites maintained, owned, and/or administrated ("St. Mark's Websites") by St. Mark's Episcopal Church. The law requires that we ask for your permission to use information about your child. Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes youth names, age, grade, and photo or image. If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the Director of Children, Youth and Young Adult Formation, Kim Rogers, and such rescission will take effect upon receipt.

Check one of the following choices:

_____ I/We GRANT permission for this youth's photo/image and all other personal identifiers listed above to be published on the St. Mark's Episcopal Church public website or any site operated by St. Mark's Episcopal Church.

_____ I/We GRANT permission for ONLY a photo/image that includes this youth without any other personal identifiers to be published on the St. Mark's Episcopal Church public website or any site operated by St. Mark's Episcopal Church.

_____ I/We DO NOT GRANT permission for photo/image that includes this youth to be published on the St. Mark's Episcopal Church public website or any site operated by St. Mark's Episcopal Church.

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