

General Medical Release and Community Agreement Form

Participant Information

Event Name: _____ Event Date: _____
Participant Name: _____
Parent / Guardian: _____
Telephone (mother): (DAY): _____ (NIGHT): _____
Telephone (father): (DAY): _____ (NIGHT): _____
Address: _____
Church: _____ Participant's Email: _____

In case of emergency and the above persons can not be contacted, please notify:

Name: _____ Relationship: _____
City of Residence: _____
Telephone: (day) _____ (eve) _____

Medical Authorization

I/we the parents or legal guardian of _____, a minor, authorize appropriate medical treatment for my son/ daughter in the event of any medical emergency or accident occurring during any ministry event. In the event I cannot be reached during any medical emergency or following any accident, I authorize Saint Luke's staff or volunteer workers to act on my behalf in carrying out the best medical treatment possible in consultation with my child's attending board certified physician or surgeon at an accredited clinic/ hospital.

Date: _____
Parent/Guardian Signature: _____
Relationship: _____
Birthdate of Minor: _____ Last Tetanus Shot: _____
Social Security Number: _____
Allergies: _____
Medications: _____

Special Needs: _____

Family Physician: _____ Phone: _____
Insurance Co.: _____ Policy #: _____

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COMMUNITY COVENANT for ALL PARTICIPANTS

In order to foster an open and inviting community for all involved, I agree to the following:

1. I will not leave the event or grounds without notifying the youth director or adult advisor;
2. I will withhold from bringing or using alcohol or any illegal drugs;
3. I will withhold from participating in any violent behavior, including the possession of weapons;
4. I will not smoke or chew tobacco during any church event whether on campus or abroad.
5. I will withhold from participating in any inappropriate sexual behavior;
6. I will respect the needs and property of other participants, staff and chaperones;
7. I will participate in community activities, including chores.

I understand these agreements are designed to provide a safe and supportive community at all events. I also understand that if I break one of these agreements, I will have broken the trust of the community, and may be asked to leave at the expense of my parent(s)/guardian(s).

Signature of Participant: _____ Date: _____

Signature of Participant: _____ Date: _____

Signature of Participant: _____ Date: _____

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

***Adults involved in youth programs must also agree to the Community Covenant.