

DIOCESAN YOUTH MEDICAL RELEASE FORM

The Episcopal Diocese of East Carolina
**For use at the Fall & Winter Youth Conferences*
and Diocesan Youth Celebration

_____ has my permission to engage in all prescribed conference activities, except as noted by me.

EXCEPTION: _____

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Trinity or Diocesan Youth Coordinator(s) to hospitalize secure proper treatment for and to order injection, anesthesia or surgery for my child as named above.

Parent's Signature Date

Address City State Zip Code

Telephone – Home/Work/Cell

Insurance Company and Number

Allergies and Medication(s) currently taking (Please note): _____

Special Dietary Needs: _____

*****Note: Please bring this form to Diocesan Event. All youth must have medical release forms completed to attend event.**

Parent's Signature _____

Participant's Signature _____

**The medical release and community covenant forms must be signed and brought to the conference. These forms will be returned at the end of the event for use at other events.

PHOTO RELEASE

Participants of youth conferences/events may be photographed. These photographs may appear in Diocesan publications or on the diocesan website for publicity purposes, with or without identification of your child. Please indicate if you do not want your child's photograph in publicity or promotional materials.

_____ No, I do not want my child's photograph to be used in Diocesan Youth Ministry publications or on the diocesan website or in promotional materials.