

St. Paul's Episcopal Church
Youth Mission Trip

EMERGENCY MEDICAL AUTHORIZATION

Church: _____

Last Name: _____ First: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____ DOB: _____

Minor's Phone: _____ Minor's Email: _____

Residential Parent or Guardian Information:	Home Phone	Work Phone	Cell Phone	Email Address
Name:				
Name:				
Alternate Contact Name:				
Address:	Relationship to Child:			

PART I OR PART II MUST BE COMPLETED AND COPY OF MEDICAL CARD ATTACHED

Part I – TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Local Hospital: _____

- In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event, the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the minor to any hospital reasonably accessible.
- This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.
- Pertinent health information will be shared with appropriate church staff only on a need-to-know basis.
- Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Signature of Parent/Guardian: _____ Date: _____

Part II – REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment for my minor. In the event of illness or injury requiring emergency treatment I wish the church authorities to take the following action: _____

Signature of Parent/Guardian: _____ Date: _____

VOLUNTEER: RELEASE & WAIVER OF LIABILITY FORM FOR MINORS

St. Paul's Episcopal Church wishes to thank you for volunteering your valuable time, energy, and talents to the University. Your services will make a significant contribution to our community. Please read carefully. This legal document affects your legal rights.

Residential Parent or Guardian Information:	Home Phone	Work Phone	Cell Phone	Email Address
Name:				
Name:				

Name of Minor:

Last Name: _____ First: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____ DOB: _____

Minor's Phone: _____ Minor's Email Address: _____

Volunteer: Release & Waiver of Liability for Minors

This Release and Waiver of Liability (the Release) executed on this day by the minor child (the Volunteer), and the parent having legal custody and/or the legal guardian of the volunteer (the Guardian), in favor of St. Paul's Episcopal Church, a nonprofit corporation, its clergy, directors, officers, employees and agents (collectively, St. Paul's).

The Volunteer and Guardian desire that the minor work as a volunteer for St. Paul's and engage in the activities related to being a volunteer (the Activities). The Volunteer and the Guardian understand that the Activities may include but are not limited to, volunteering at off site at events, working in St. Paul's Episcopal Church, and working at offsite locations with other vendors.

The Volunteer and Guardian do hereby freely, voluntarily, and without duress execute this Release under the following terms:

Release and Waiver. Volunteer and Guardian do hereby release and forever discharge and hold harmless St. Paul's and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteers Activities with St. Paul's.

Volunteer and Guardian understand that this Release discharges St. Paul's from any liability or claim that the Volunteer or Guardian may have against St. Paul's with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities with St. Paul's whether caused by the negligence of St. Paul's or its clergy, officers, directors, employees or agents, or otherwise. Volunteer and Guardian also understand that St. Paul's does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

It is the policy of the Episcopal Diocese of Southern Ohio and St. Paul's that every program for children and youth must have established ratios for adults and children. Compliance with the established ratio is required at all times, including activities that occur off church premises. The minimum standard ratio shall be one (1) adult for every five (5) children/youth (Safe Church Policy & Procedures, 2012 approved, The Episcopal Diocese of Southern Ohio).

Medical Treatment. Volunteer and Guardian do hereby release and forever discharge St. Paul's from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with St. Paul's or with the decision by any representative or agent of St. Paul's to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in the Parental Authorization for Treatment of a Minor Child.

Assumption of the Risk. The Volunteer and Guardian understand that, in some cases, Activities may include work that may be hazardous to the Volunteer, including, but not limited to working with animals, loading and unloading, and event booth management.

Volunteer and Guardian hereby expressly and specifically assume the risk of injury or harm in these Activities and release St. Paul's from all liability for injury, illness, death, or property damage resulting from the Activities.

Insurance. The Volunteer and Guardian understand that, except as otherwise agreed to by St. Paul's in writing, St. Paul's does not carry or maintain health, medical, or disability insurance coverage for any Volunteer.

Photographic release. Volunteer and Guardian do hereby grant and convey unto St. Paul's all right, title, and interest in any and all photographic images and video or audio recordings made by St. Paul's during the Volunteer's work for St. Paul's, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Other. Volunteer and Guardian expressly agree that this Release is not intended to be as broad and inclusive as permitted by the laws of the State of Ohio, and that this release shall be governed by and interpreted in accordance with the laws of the State of Ohio. Volunteer and Guardian agree that in the event that any clause or provision in the release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clauses or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

Signature of Parent/Guardian: _____ Date: _____

Signature of Volunteer: _____ Date: _____