

If the student is on any PRESCRIBED MEDICATIONS, please list below or add separate page if needed. During any extended youth event, such medicines will be held and distributed by a designated chaperone.

Medication	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

STUDENT RULES OF CONDUCT

For your information, we expect each student to conform to these rules of conduct

- No possession or use of alcohol, drugs, or tobacco
- No students can drive
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ **Date:** _____

PARENT PERMISSION FORM:

I/We have legal custody of the student, a minor, named above. I/We do hereby consent to such medical treatment of said child by any health care provider to who said child is brought for medical treatment by, or who is designated by, any pastor, employee, agent or volunteer worker of Trinity Episcopal Church, which treatment such medical provider deems necessary or in the best medical interest of said child. I/We further authorized said pastor, employee, agent or volunteer to give consent to such treatment and to sign such authorization as such medical care provider may require as a condition of treatment. I/We hereby release the Trinity Episcopal Church and its pastor, employee, agent or volunteer of Trinity Episcopal Church from any and all liability, including liability from negligence, on account of said pastor's, employee's, agent's, or volunteer's actions or non-action in obtaining medical treatment for said child, and release any such provider from any and all liability on account of any claim that such treatment was not consented to by me/us. I/We acknowledge that I/we will ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance carrier. Further, I/we affirm that the health insurance information provided above is accurate at this date and is in full force. I/We will promptly notify the Trinity Episcopal Church of changes in health insurance coverage or carrier. I/We agree to bring said child home at my expense should he/she become ill or if deemed necessary by the student ministries staff member.

I/We the undersigned have legal custody of the student named above, a minor, and do give my/our consent for him/her to attend events being organized by Trinity Episcopal Church. I/We acknowledge that some of the events have inherent risks of injury which I/we assume on behalf of said child. Additionally, I/we hereby release Trinity Episcopal Church, its pastors, employee, agents or volunteers of any and all liability, including liability from their negligence, on account of any injury to said child's person or property, including death, which might occur during or as a result of the child's participation in such events and agree to hold them harmless from any claims against them arising out of said child's participation in events organized by the church.

Youth Media and Photo Release Form

The undersigned does agree to grant to The Church named above permission to record on film, videotape, or audio tape, his or her child's participation at the Youth events. He or she further agrees that any or all of the material recorded may be used, in any form, as part of any future production(s) made by the Church named above and that such use shall be without payment of fees, royalties, special credit, or other compensation. This form shall be valid until such time that it is revoked by the undersigned. Names of youth will not be connected to any photos/video posted online.

Parent/guardian(s) signature: _____ **Date:** _____