



Combined Release for Youth and Adults and Medical Information

This permission slip covers all EYC events

11827 Canon Blvd., Suite 101, Newport News, VA 23606 757-423-8287

Name _____

Date _____

Parish _____

Age _____

Parent/Guardian Name _____

The following information must be filled in by the parent/guardian or adult leader. The intent of this form is to provide a single release form for all activities and to provide diocesan representative health care personnel the background for appropriate medical care. Keep a copy of the completed form for your records. Please provide complete information so that we are aware of any health concerns.

Release by Parent/Guardian for Youth Participation

(This section not required for adult participants)

I hereby grant permission for my dependent child, named as PARTICIPANT above, to take part in any Diocesan Event. I believe that she or he is capable of participating fully without causing injury to herself/himself or to the detriment of this community. I understand that if I or my dependent child does not live into the Community Covenant, she or he will return home at my expense and effort.

Parent/Guardian Signature _____

Photo/Video Release

(Required for all participants - youth and adults)

I understand that photos and videos may be taken at events sponsored by the Episcopal Diocese of Southern Virginia and Chanco on the James for publicity purposes, and I consent to the reproduction and distribution of my or my dependent child's likeness.

Signature _____

(parent/guardian/adult youth leader signature needed)

Release, Assumption of Risk and Indemnity Agreement

(Required for all participants, adult and youth, desiring to take part in ropes course, zip lines, boating, archery, water activities, hiking, or service projects)

To be considered for these activities, please complete this portion of the form:

In consideration of being allowed to participate in activities for education/recreational purposes sponsored through Chanco on the James, Surry County, Virginia, which activities may include, without limitation, ropes course participation, zip lining, boating, archery, water activities, hiking, and service projects, hereafter called "Activities," I agree that I understand the nature of these Activities and that I am or my child is in good health and in proper physical condition to participate in these Activities. I agree to participate only while wearing the protective equipment required and to follow the instructions of the facilitators, and, if I believe it unsafe, to immediately discontinue participation. I know that these Activities involve risk of serious bodily injury, including disability, and death, and damage or loss of personal property, and other known and foreseeable risks including, but not limited to, the risks of travel on roads or rough terrain by foot, conveyances, or other means, and on water; the risks arising from the failure or misuse of equipment; and the risks that injuries may occur in remote areas without adequate medical facilities. I realize that there may be other risks not known to me or not readily foreseeable, but I fully accept and assume all such risks, whether or not identified above, and I assume all responsibility for losses and damages which I may suffer as a result of my participation in these Activities.

I HEREBY RELEASE Episcopal Diocese of Southern Virginia/Chanco on the James, its members, representatives, officers, agents, employees, and each of them, and the owners and lessors of the property on which these Activities take place from all liability, claims, demands, losses, costs and damages arising or asserted to arise directly, indirectly, in whole or in part, from these Activities, whether resulting from negligence or otherwise and including rescue operations and will indemnify and hold harmless to all such matters.

I understand the nature of the above Activities, am familiar with the Participant's or my experience and capabilities and believe her/him to be qualified to participate. I hereby personally accept and undertake, individually and in my own name, all of the obligations stated above, specifically including the release, assumption of risk, and hold harmless provisions to the parties of all liability, claims, demands, losses and damages suffered or alleged to have been suffered or incurred by the minor or to others resulting from injury to the minor.

Signature _____

(parent/guardian/adult youth leader signature needed)

Medical Release
(Required for all participants)

I understand that every effort will be made to contact Parent or Guardians before authorization of emergency treatment is given to dependent children. In the event I cannot be reached, or if immediate attention is required, I hereby authorize the adult leaders to appoint a licensed medical professional to provide treatment on my dependent child's behalf and I agree to assume responsibility for all medical expenses. I agree to hold harmless the Episcopal Diocese of Southern Virginia, adult leaders, event coordinators, Chanco on the James, designated medical professionals and the agents of said bodies in the event of accident or injury.

I consent and give permission for Diocese of Southern Virginia and Chanco on the James medical personnel and designated staff to administer authorized medication, first aid, and or emergency treatment to me and/or my child. In addition, I give permission and consent to Diocese of Southern Virginia and Chanco on the James medical personnel and/or staff to provide or arrange transportation for me and/or my child to select and to consent to health care providers evaluating, testing, treating, and or hospitalizing me and/or my child when, in their opinion, such services are needed. I also consent to the release of medical records and medical information in order to secure medical care and/or payment for medical purposes.

Signature _____
(parent/guardian/adult youth leader signature needed)

Medical Information

Allergies

- The participant has NO KNOWN MEDICATION ALLERGIES
- The participant has the following medication allergies (please describe the reaction and the management of the reaction).

| Drug Allergy | Reaction and Management/Treatment |
|--------------|-----------------------------------|
| | |
| | |
| | |

- The participant has NO KNOWN FOOD ALLERGIES
- The participant has the following food allergies (please describe the reaction and the management of the reaction).

| Food Allergy | Reaction and Management/Treatment |
|--------------|-----------------------------------|
| | |
| | |
| | |

Other Allergies: (please list – include hay fever, asthma, animal dander, and special sensitivities to insect stings, poison ivy, etc.)

| Allergy | Reaction and Management/Treatment |
|---------|-----------------------------------|
| | |
| | |
| | |

Medications

- This person brought NO medication to take while at camp.
- This person brought the following medication to take while at camp:

Note: Please list all medications to be taken routinely and as needed, including prescription and over-the-counter. Keep all medication in the original packaging/bottle that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration.

| Medication Name | Dosage | Frequency | Reason for taking | For nurse use only |
|-----------------|--------|-----------|-------------------|-----------------------|
| | | | | 8:30a 1p 6:30p Bed |
| | | | | 8:30a 1p 6:30p Bed |
| | | | | 8:30a 1p 6:30p Bed |
| | | | | 8:30a 1p 6:30p Bed |
| | | | | 8:30a 1p 6:30p Bed |
| | | | | 8:30a 1p 6:30p Bed |

Restrictions

- There are NO restrictions for this individual.
- The following restrictions apply to this individual:

Restrictions on Activity _____

Restrictions on Diet (list foods and why) _____

If any restrictions, this section must be signed by participant.

Signature of participant/leader: _____ **Date signed:** _____

Signature of parent/guardian
if attendee is a minor: _____ **Date signed:** _____