

**St. John's Cathedral Episcopal Church**  
256 EAST CHURCH ST. JACKSONVILLE, FL 32202 (904)-356-5507

**Community Covenant, Medical Release and Permission Form**

**Student's name** \_\_\_\_\_ (one student per form) Birth date \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_  
Legal Guardian's Name: \_\_\_\_\_ (Please print)  
Emergency Phone #'s \_\_\_\_\_ Today's date \_\_\_/\_\_\_/\_\_\_.  
Medical Insurance Company \_\_\_\_\_  
Policy # (please include all group and ID #'s) \_\_\_\_\_  
Doctor \_\_\_\_\_ Phone # \_\_\_\_\_  
Medications Currently taken: 1) \_\_\_\_\_ from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
2) \_\_\_\_\_ from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
3) \_\_\_\_\_ from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
Known allergies \_\_\_\_\_  
Additional medical information and comments \_\_\_\_\_  
\_\_\_\_\_

**All youth participating in ST. JOHN'S PARISH, diocesan, national, and international youth meetings, activities and travel are required to adhere to the rules set forth by ST. JOHN'S Episcopal Church and of the youth ministry rules of the Episcopal Diocese of Florida.**

No illegal drugs, alcohol, tobacco products, weapons, firearms, explosives, offensive magazines, music, books, and offensive clothing and jewelry may be brought, used or worn during or on youth meetings, activities and travel. Church staff has the right to deem any materials and/or clothing in bad taste or offensive and has the right to confiscate them. Church staff has the right to prohibit the use of personal music devices, and electronic devices.

Sexual, threatening, and abusive behavior is unacceptable. Affectionate behavior, other than brief hugs, and briefly holding hands is unacceptable. Reclining youth must have visible space between themselves. Youth and adults are expected to maintain a positive attitude, remain flexible, and strive to uphold the Christian lifestyle modeled by Jesus Christ during youth events, meetings, and travel.

I understand that if I fail to abide by any of these rules and standards of behavior, I may be sent home at the expense of my parents. I also understand that if I break a law, I may be removed from the youth meeting, activity or travel and taken into the custody of law enforcement.

**Young person's signature** \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

I understand ST. JOHN'S Episcopal Church wishes to provide a safe, fun atmosphere for my son or daughter. I support ST. JOHN'S youth ministry volunteers, church staff, and clergy and the decisions they make in regards to taking appropriate disciplinary actions. I understand that the youth minister has the right to confiscate any material that he feels is distasteful. Church staff also has the right to send my son or daughter home at my inconvenience and expense, or release my child to the custody of law enforcement if my son or daughter does not conform to the rules and standards of behavior as described in this document.

I give my son or daughter permission to attend youth meetings, activities and travel sponsored by ST. JOHN'S CATHEDRAL Episcopal Church. I hereby release and authorize the adult volunteers, church staff, and clergy to take necessary action to procure medical assistance for my child should it become needed. I give permission to the medical personnel selected by the adult volunteers, church staff, and clergy to order x-rays, tests, treatment, and to provide for necessary related transportation for me and/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult volunteers, church staff, and clergy to secure and administer treatment, including hospitalization, for the person named above.

I understand that as a parent I am solely responsible for the correct administration of my son or daughter's medications or prescriptions. Adult volunteers, church staff and clergy are not responsible for the correct administration of my son or daughter's medications or prescriptions. It is my responsibility to make adult volunteers, church staff and clergy aware of my son or daughter's medical conditions, and of all medications and prescriptions he or she is currently taking.

**Signature of parent or legal guardian** \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**Notary Required:**