

St. John's Episcopal Church

211 N. Monroe St.
Tallahassee, FL 32301

PARENTAL CONSENT AND MEDICAL AUTHORIZATION to travel to School Year Slip and Slide Kick-Off, with St. John's Episcopal Youth Ministry

Name of Youth: _____ Grade: ____ Age: _____

Address: _____
Street/Apt Number City Zip code

Phone Number: _____

As the parent (or legal guardian) of: _____
Youth's Name

I understand that my youth will travel to the Schnitkers' Home for St. John's Episcopal Youth Kick-Off:

Location:
4549 Timberloch Dr
Tallahassee, FL 32309

Emergency Contact
Nicolas Mandolini
Director of Youth and Family Ministry
Phone: (813) 447-9975
5p-8p on Sunday, August 20, 2023

- I consent to my youth's participation in this activity.
- I consent for my youth to participate in the slip and slide activities
- I understand that my youth will be supervised by at least 3 adults at all times.
- I will inform my child that he/ she is expected to stay with the group *at all times*.
- I understand that students will refrain from using illegal drugs, vaping, smoking or consuming alcohol during this St. John's Episcopal Youth Ministry event.

MEDICAL TREATMENT AUTHORIZATION

It is my understanding that the Church will attempt to notify me in care of a medical emergency involving my child/youth. If the church cannot reach me, then I authorize the church to hire a doctor or health-care professional, and I give my permission to the doctor or other health-care professional to provide the medical services he or she may deem necessary. I agree to pay for any medical expenses so incurred.

I agree to notify St. John's Episcopal Church Staff prior to the listed event if I feel there are any health considerations that would prevent my youth from participating in any of the activities listed above.

I release St John's Episcopal Church to record my child's likeness via still photo, video, or audio recording for use as promotional material for the parish. I understand that these recordings may be edited, and that they may be published in print, video, and on the internet. I hereby waive all rights to compensation for their use.

Allergies or other health considerations: _____

Signature of Parent or Guardian _____ **Date** _____