

Diocese of the Central Gulf Coast  
Information and Permission Slip  
Youth/Young Adult/Adult (circle one)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ M/F

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Facebook: \_\_\_\_\_ (Y/N)

Grade: \_\_\_\_\_ Graduation year: \_\_\_\_\_ Age: \_\_\_\_\_

Church, City: \_\_\_\_\_ Priest/YM: \_\_\_\_\_

Please attach a copy of the following certificates: (1 and 2 only apply to young adults, adults and program staff)

1. Safe Church training completion date: \_\_\_\_\_ Location: \_\_\_\_\_

2. Diocesan Background Check date: \_\_\_\_\_ Location: \_\_\_\_\_

Interests: \_\_\_\_\_

Talents (music, computer, etc.): \_\_\_\_\_

School Activities/extra Curricular Activities: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone, Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone, Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
(Both Parents, if applicable)

Parent(s)/Guardian e-mail: \_\_\_\_\_

Health Concerns/Allergies/Medications: (give details on medical form):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Name & Phone: \_\_\_\_\_

Dentist's Name & Phone: \_\_\_\_\_

To whom it may concern:

The undersigned does hereby give permission for our/my child, \_\_\_\_\_ to attend and participate in activities sponsored by church indicated above and the Diocese. We (I) authorize the adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision, and on the advice of any physician or dentist under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree to pay all cost to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for our (my) child to ride in any vehicle designed by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the diocese and the church.

Parent(s) Name & Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Is youth active in church activities: Yes No (circle one) If yes, on back please note which ones.

Episcopal Diocese of the Central Gulf Coast  
Health History

\*All information obtained via this form is to better assist your youth with any medical emergencies.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ M/F

Parent or Guardian: \_\_\_\_\_ Phone(Hm.): \_\_\_\_\_ (Wk/Cell): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Church, City: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy#: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Give participant's allergic responses to above (i.e. requires Epinephrine):  
\_\_\_\_\_

Operations or Serious Injuries/Dates: \_\_\_\_\_

Childhood Diseases/Dates: \_\_\_\_\_

Behavioral Disorders and prescribed medication: \_\_\_\_\_

Special Restrictions (i.e. activity/dietary etc.): \_\_\_\_\_

If not available in emergency, please notify: \_\_\_\_\_ Phone: \_\_\_\_\_

\*All prescribed medication and over-the-counter medications must be in the original container with the correct name, date, instructions and physician's name on the label. Medications will be dispensed by a licensed health professional.

Medications accompanying participant: \_\_\_\_\_

Are there any over the counter oral, topical or instilled medications that the participant cannot or should not receive should any minor symptoms develop? If so, what is child's reaction to said medications?  
\_\_\_\_\_

Date of last exam by Physician: \_\_\_\_\_ Name: \_\_\_\_\_

DTP Series: \_\_\_\_\_ Booster: \_\_\_\_\_ Booster: \_\_\_\_\_

**\*PLEASE NOTIFY THE DIOCESE AND/OR YOUR CHURCH IF THE PARTICIPANT HAS BEEN EXPOSED TO ANY COMMUNICABLE DISEASE DURING THE THREE WEEKS PRIOR TO THE EVENT**

This health history and immunization report is accurate to the best of my knowledge. In the event of an emergency, I hereby give permission for the staff of any diocesan camp/program/event to authorize medical treatment of myself/my child by licensed health care professional and/or to provide transportation to a medical facility. My child may participate in all activities except as noted under "Special Restrictions".

Name of parent or guardian of youth if under 18: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Should additional room for medical history be needed, please use back of form.**

Episcopal Diocese of the Central Gulf Coast  
Covenant of Conduct

\*We endeavor to create a healthy Christian environment for all who attend a diocesan event. These guidelines are in place to ensure a successful and enjoyable experience by implementing respect and responsibility among those present, helping to craft a community of Christian fellowship.

**PARTICIPANTS WHO BREAK ANY OF THE FOLLOWING GUIDELINES WILL BE ASKED TO LEAVE. PARENTS, RECTORS, AND YOUTH LEADERS WILL BE NOTIFIED.**

1. I am a representative of the Diocese of the Central Gulf Coast and will conduct myself in a manner that is befitting of a representative of Christ.
2. I will not devalue anyone; such as name calling or indicating that he/she is worthless.
3. I will not bring or be under the influence of illegal drugs (including the misuse of prescription drugs), tobacco products, or alcohol.
4. I will not possess or use any form of weapon; including knives, firearms, or fireworks. I will not strike or hit anyone or anything at anytime.
5. I will participate fully in all scheduled activities and abide by the rules of the event I am participating in and stay with the group for the duration of the event.
6. Any youth who drives their own vehicle to an event must turn in their keys at registration and vehicles will be parked in a designated area. No youth is to drive during the course of an event or activity until returning home at the conclusion of the event.
7. No one is to be deprived of the basic needs of food, shelter, sleep or clothing during any diocesan event. The National Episcopal Church requires a minimum of 8 hours sleep for participants, sponsors, and event staff for every diocesan event.
8. Sexual relations between youth and youth/adults or inappropriate displays of affection, flirting, etc. will not be tolerated.
9. I will not enter any other sleeping area than my own.
10. I understand that if my behavior is deemed unacceptable by the adults in charge of an event, I will be removed from the activity and sent home at the expense of my parent/guardian.
11. I will not use cell phones, pagers, radios, recorders, CD, DVD, Mp3 players, TV's, electronics and video games while at diocesan events.
12. All participants, youth, and adults will take responsibility for dressing appropriately:
  - Under garments may not be exposed
  - Pajamas are only to be worn in the sleeping area
  - Midriffs may not be exposed
  - Finger-tip rule applies to shorts
  - Participants will be asked to change if their attire is inappropriate

\*Any youth asked to leave an event will do so at the expense of their parent(s)/guardian. Any adult asked to leave will do so at their own expense.

**Youth Name & Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Name & Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Rector/Vicar Name & Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_