

ySUMMIT Permission & Medical Release

Please fill this form out with black or blue ink or on the computer. If filling it out on your computer, electronically sign in the designated spaces, and email the form to info@anglicansforlife.org or click the "submit" button.

Name: _____ Age: _____ Birthday: _____
 First Middle Last

Year in school _____ Gender: F M Email: _____

Address: _____ City: _____ State: _____ Zipcode: _____

Cell phone #: _____

Medical insurance company: _____ Policy #: _____

Mother's name: _____ Best contact number: _____

Mother's email: _____

Father's name: _____ Best contact number: _____

Father's email: _____

Emergency contact name: _____ Best contact number: _____

Physician: _____ Office number: _____

Dentist: _____ Office number: _____

MEDICAL HISTORY

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

Does your child have allergies to:

pollen medications foods insect bites

Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

asthma epilepsy physical handicap heart trouble frequent upset stomach

Does your child wear:

contacts glasses

Please list and explain any major illnesses the child experienced during the last year

Additional comments:

Should this child's activities be restricted for any reason? Please explain:

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:** _____

Name of group leader accompanying student to Life SUMMIT: _____

Name of church this group belongs to: _____ Church city/state: _____

Activities may include, but are not limited to: attending the Thursday evening OneVoice D.C. and Friday morning service prior to the March for Life at The Falls Church Anglican; transportation to and from as well as participation in the 2024 March for Life in Washington, DC on Friday. Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Anglican Church in North America, Young Anglicans, Anglicans for Life, the Diocese of the Mid-Atlantic, and The Falls Church Anglican (henceforth these 5 entities will be referred to collectively as "Organizers") and their staffs of any liability against personal loses of named child

_____ has my permission to attend Life SUMMIT held by the ACNA and Anglicans For Life as well as the 2024 March for Life during the 2024 calendar year. I understand that the transportation may be by automobile, bus, or van, driven by a licensed, responsible adult, or on foot to nearby locations accompanied by a responsible adult.

I understand that there are risks involved in such activities and trips. I want my child to participate in these activities without risk to the Organizers. In order to assure the Organizers that my child can participate in said activities and trips, I hereby rep-resent that my child is healthy and capable of attending and participating in such activities and trips without risk of danger to him/herself or others. I understand that it is my responsibility to forbid and prevent my child's attendance and participa-tion in any activities or trips that my child is not healthy enough or mature enough to participate in.

I agree that photographs, images and/or video of my child may be used for any of the Organizer's publications or advertising materials (printed and electronic).

Further, I do hereby release and forever discharge the Organizers, their employees, administrators, successors, and assigns, and any approved person selected to accompany my child, from any and all actions, claims, demands, damages, casts ex-penses, and all consequential damage on account of, or in any way growing out of, or in connection with any such activities and/or trips.

In the event of an emergency, I hereby authorize an adult leader and agent for me to consent to any x-ray exam, medical, dental, or surgical diagnosis; treatment; and hospital care advised or supervised by a licensed physician surgeon, or dentist (as appropriate). I expect to be contacted as soon as possible.

Parent/Guardian Signature: _____ **Date:** _____