



Youth Activity Parental Release Form

St. Andrew Orthodox Church
4700 Canyon Crest Drive
Riverside CA 92509

Phone: 959-369-0309 • Email: saintandrewdesk@aol.com

Please fill out this form and return it to the church office for each child old enough to participate in parish activities on and off campus. The form will be kept on file and used by approved Youth Leaders when your children participate in activities. Please provide an updated form each calendar year.

Son/Daughter's Name

has my permission to participate in the St. Andrew Orthodox Church activities.

WAIVER OF LIABILITY

I thereby for myself, my heirs, executor assigns and personal; representatives, waive and release any and all rights and claims for damages I now, or may hereafter have, whether now known or unknown, against St. Andrew Orthodox Christian Church, its employees, agents, and volunteer workers, for any injuries suffered by me or my child named above in connection with participating in said program. St. Andrew Orthodox Christian Church will not be responsible for the loss or theft of personal items.

Photo/Video Release

I, the undersigned participant and/or parent or guardian of the minor participant, give my permission to have photo/video taken, without recompense during St. Andrew Orthodox Christian Church activities and used for publicity purposes.

Consent to medical care and treatment of a minor

The undersigned authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician of hospital for above named son/daughter if I cannot be reached in case of an emergency.

Our consent includes, but is not limited to, administration of necessary anesthetics, medical treatment, tests, x-ray examinations, transfusions, injections, or drugs and the performing of whatever operations may be deemed necessary or advisable. Further, consent is granted to any such physician to exercise his/her discretion in authorizing the disposal of any severed tissue or member.

It is understood this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required. This authorization shall remain in effect until revoked in writing by the undersigned or until the undersigned void their signatures hereon.

Parent or Legal Guardian Signature

Date

Home Phone

Cell Phone

Emergency Contact

Phone/Cell Phone

Does your child have any allergies? Yes No

If so what? _____

Your child's swimming ability: None
 Beginner
 Intermediate
 Advanced

Prescription Medicine Authorization

Parent/Legal Guardian Name: _____

Home Address: _____

Work Phone: _____

Emergency Phone: _____

I give permission for the St. Andrew Orthodox Church staff/volunteers to administer
_____ medication to my child at the time
indicated below.

Dosage: _____ Time: _____

In consideration for dispensing medication for St. Andrew Orthodox youth programs, thereby, for myself, my heirs, executor assigns and personal representatives, waive and release any and all rights and claims for damages I now, or may hereafter have, whether now known or unknown or unknown, against St. Andrew Orthodox, its employees, agents, and volunteer workers, for any injuries suffered by me in connection with participating in said program.

Parent or Legal Guardian signature.

Date: _____