

**St. Thomas' Anglican Church Medical Release Form,  
Physician Information, and Youth Covenant**

**Parental Release Form- Guardian**

I hereby give permission for

\_\_\_\_\_ to attend St. Thomas' Anglican Church's events and retreats, and The Anglican Diocese of South Carolina's youth ministry events and participate in its activities. I also give my permission for St. Thomas's staff to administer routine first aid (such as ibuprofen, band aids, cough medicine, acetaminophen, cortisone cream, or antibiotic cream), obtain emergency medical treatment to be administered to my child, and for emergency medical treatment decisions to be made by the youth leaders on this event. I understand that attempts will be made to contact me in the event of an emergency. I also hold harmless St. Thomas' Church and The Anglican Diocese of South Carolina and the staff and leaders involved in this event.

**Videotaping and Still Photographs**

I authorize the use of photographs and video of my child for productions, publications, etc. which are exclusively for the purpose of promoting activities related to St. Thomas' and the Diocese.

Guardian Name

(print) \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature:

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