



Episcopal Diocese of Michigan  
YAYA Event Permission & Health Form



Event Name: Happening

Event Dates: Nov 12-14, 2010

Participant Name \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Name you wish to be called \_\_\_\_\_ Current Grade \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Telephone number(s) ( \_\_\_\_\_ ) \_\_\_\_\_  
Home YOUTH /Adult participant cell phone (not parent)

E-mail \_\_\_\_\_

Congregation Name & City \_\_\_\_\_

**FOR ADULT PARTICIPANTS:**  
Have you attended "Safeguarding God's Children"? NO / YES, on \_\_\_\_\_ (date)

**Parent/Guardian Information**  
If parents live at different addresses, list both, and indicate which is the primary residence

**\*\*If there are special custodial arrangements, please notify the Diocesan Youth & Young Adult Ministry Office.\*\***

Name \_\_\_\_\_

Address(es) \_\_\_\_\_

Home phone(s) \_\_\_\_\_

Work phones \_\_\_\_\_

Cell phones \_\_\_\_\_

Parent e-mail \_\_\_\_\_

**Person to notify in case Parent/Guardian CANNOT BE REACHED!**

Name \_\_\_\_\_ relationship \_\_\_\_\_

Home phone \_\_\_\_\_ cell or work phone \_\_\_\_\_

**Health and Medical Information**

Dietary needs/restrictions \_\_\_\_\_

*\*\*If you have special dietary needs, please do let us know. We will try to accommodate all requests.*

Allergies/medical conditions \_\_\_\_\_

The following is a list of medications that my child will need to take while attending this event. (Please attach a list if additional room is needed.) **All prescription medication must be properly labeled in its original pharmacy container.** Over the counter medication must also have the youth's name written clearly on the container.

NAME OF MEDICATION	DOSE	WHEN TAKEN
_____	_____	_____
_____	_____	_____

Health Insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Insured's name \_\_\_\_\_

Birth date of participant \_\_\_\_\_ Relationship to Insured \_\_\_\_\_

I give permission for my child to receive the following over-the-counter medications from an adult sponsor:  
Cough Drops Yes \_\_\_ No \_\_\_ Motrin Yes \_\_\_ No \_\_\_ Mylanta Yes \_\_\_ No \_\_\_ Tylenol Yes \_\_\_ No \_\_\_

**Event Covenant**

I, \_\_\_\_\_, (*participant's name*) covenant with my group and leaders to abide by the following as a participant in this event.

To respect the dignity of every human being

To not engage in sexual behavior

To support the group by participating fully and listening to others with respect and an open heart.

To participate in a way that won't detract from others' experiences.

To be drug, alcohol and tobacco free

To remain in supervised areas at all times

To turn in any over the counter or prescription meds to adult leaders to be administered as directed by a physician/ parent

To treat the host's property with respect

To not be in an opposite gender's sleeping area

I understand, should I not abide by the Community Covenant, that my participation in this event may be cut short, my parents contacted, and I may be sent home at the expense of my parents.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Guardian Authorization & Signatures**

**PARENTAL CONSENT:**

I give full permission for my child to attend and participate in this event, a youth activity sponsored by the Episcopal Diocese of Michigan.

**DURABLE POWER OF ATTORNEY FOR EMERGENCY MEDICAL/SURGICAL CARE:**

I represent and warrant that to the best of my knowledge my child has no illness, congenital defect, or other health condition that makes my child's participation in this event unsafe for my child or other participants even with reasonable accommodation of any disability.

I appoint the Episcopal Diocese of Michigan (4800 Woodward Avenue., Detroit, MI 48201) as my agent pursuant to MCLA 700.5103 for the limited purpose of consenting to any emergency medical or surgical care for my child that may be recommended by a physician regarding any injury or illness that may arise while my child is participating in this event. The Episcopal Diocese of Michigan shall use its best efforts to contact me in advance of exercising this delegated power so that I may direct my child's care. If I am unavailable after reasonable attempts to contact me, or if my child's condition makes any delay medically inadvisable, then the Episcopal Diocese of Michigan may exercise the delegated power without communicating with me first.

This durable power is not affected by the incapacity or disability of the principal and shall continue in full force and effect during such disability or incapacity.

I agree to pay all health care providers for any services rendered to my child pursuant to this delegated power, whether through health insurance or private payment.

**TRANSPORTATION RELEASE:**

I give full permission for my child/children to be transported to activities in conjunction with this event, including being able to attend and participate in activities off site of main program campus.

**WAIVER OF LIABILITY:**

I release the Episcopal Diocese of Michigan, its agents, employees, officers, directors and volunteers, from any liability of any kind or nature that may arise in any way from my child's participation in this event.

**MEDIA RELEASE:**

I give permission for photographs or video of my child or myself to be taken during my child's or my participation in this event, to be used by the Episcopal Diocese of Michigan for promotional purposes.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness: \_\_\_\_\_ Date \_\_\_\_\_

**Send completed forms and payment to: YAYA Missioner, 4800 Woodward Ave, Detroit, MI 48201**



Episcopal Diocese of Michigan  
Transportation & Sign-out approval



It is the policy of the Diocese of Michigan to have the following procedures and practices:

1. Driving policy: Written permission for young people to be transported to and from Youth Events by someone other than parent/guardian.
2. Sign-in/Sign-out procedure: To have parent/guardian identify which adult(s) is authorized to sign-out young people upon conclusion of a Youth Event.
3. Youth Driving policy: The understanding that if a young person drives themselves to a Youth Event, the vehicle will be parked for the duration of the event, and that the young person is not allowed to use the vehicle during the event, or to allow others to use the vehicle.

In accordance with this policy, we ask that parents/guardians please complete and include this form with all application and/or registration forms for a Diocese of Michigan Youth Event.

Event Name: \_\_\_\_\_ Event Date(s): \_\_\_\_\_

Student's name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I authorize these persons to drive my student to and/or from this Diocesan Youth Event.

**Driver's name(s):** \_\_\_\_\_

**Driver's name(s):** \_\_\_\_\_

I authorize these persons to sign my student out from this Diocesan Youth Event. The authorized adults may be asked for identification. Please prepare them for such a possibility.

**Adult's name(s):** \_\_\_\_\_

**Adult's name(s):** \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Date: \_\_\_\_\_