

**(name of) Parish Medical Release Form,
Physician Information and Youth Covenant**

Youth Covenant - Student

I wish to represent (name of) Parish, or the Anglican Diocese of SC by being a member of retreats and events.

My goal by attending is to be part of a Christian community.

I will not bring, have possession of, or use any: drugs, alcohol, tobacco products, weapons (i.e. knives, etc.), firearms, or fireworks.

I will respect all property including the vehicles we travel in, the church that is housing us, and any other property that I come in contact with while on this trip.

I will show respect and abide by all rules set by the leaders on this event.

I understand that I am responsible for all of my belongings that I bring on the trip.

I will refrain from any behaviors that may be perceived by others as sexual in nature or inappropriately affectionate.

I understand that I am always to conduct myself in a Christian manner, and conduct myself according to biblical standards, including respecting others and myself.

I have read and understood the above covenant. I agree to follow the rules of the trip, and I realize that failure to follow these rules will result in me being sent home at my own expense.

Student print _____

Student sign _____

Date _____

Please list any medications the student is taking and what they are treating:

_____ for _____

_____ for _____

_____ for _____

Other information _____

Personal Doctor _____ Doctor's Number _____

Alternate Emergency Contact _____

Relation _____ Phone _____

Contact Information - Student

Name (print) _____

Cell Phone # _____ Gender M F

Email Add _____

Birthday: _____ Grade _____ School _____

School Activities _____

Current T-shirt size: S M L XL XXL

Other Information _____