



**ST. JOHN'S CHURCH
CHILDREN & YOUTH PROGRAMS
CONTACT & CONSENT FORM
2021-2022**

**USE THIS FORM
FOR NURSERY –
GRADE 12**

Last name: _____ First name: _____

Nickname: _____ Preferred pronouns: _____

Birth Date: _____ Grade (as of September 2021) _____

Street Address: _____

Home Phone: _____ Student Cell: _____

Parent email(s): _____ Parent cell: _____

Youth email: _____ Instagram handle: _____

Insurance Carrier: _____ Policy #: _____

Pediatrician: _____ Phone: _____

Allergies / Health / Considerations: _____

Any custodial situations we should be aware of? _____

Vaccinated? _____ Other _____

- *I/we hereby give permission for the above named child to attend and participate in activities of St. John's Episcopal Church (191 County Road, Barrington, RI).*
- *I/we realize that in the event of injury or suspected physical harm, all reasonable attempts will be made to contact us on the grounds of St. John's, **as it is expected that I/we are to remain on the grounds of St. John's for the duration of nursery / church school program**, but in the best interest of the above named child, I/we hereby authorize and direct the clergy of St. John's Episcopal Church to authorize and obtain such medical care as such person shall deem reasonably necessary or appropriate for said child including any emergency treatment, hospital care, X-ray, examination, anesthetic, surgical or dental diagnosis and treatment. I/we, the said parent(s) / guardian(s) of said minor will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the above-named minor(s) pursuant to this authorization. Any physician, nurse, dentist, hospital, EMT, emergency service is entitled to rely on this authorization as the basis for rendering medical care to said minor. St. John's reserves the right to dismiss any participants for failure to comply with social distancing/prevention requirements.*

Parent(s) or Legal Guardian(s): _____ Date: _____

_____ Date: _____

PHOTO RELEASE - As the parent or legal guardian of the above-named child, I grant and give St. John's Church the right to use photographs or images in which my child appears in church-related activities. **These would be used on our website and/or Facebook pages and not have any names in the captions as per the national church policy for those under the age of 16.**

___ I will allow pictures of my child to be online.

___ I do NOT wish my child to be in any pictures online

Signature _____

Signature _____