

BEACH TOWEL MINISTRY – June 24 – July 1, 2017

St. Peter's by-the-Sea Episcopal Church

P. O. Box 337, Swansboro, 503 W. Broad St., NC 28584

Phone (910) 326-4757 ** saintpetersbythesea.org ** email – office@saintpetersbythesea.org

PARENTAL CONSENT FORM, MEDICAL RELEASE AND TEMPORARY GUARDIANSHIP

Name _____ Age _____ DOB _____ M _____ F _____

Address _____

Name(s) of Parents or Guardians _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email address _____ (please print clearly)

The undersigned does hereby give permission for our (my) child, _____ to attend and participate in activities sponsored by St. Peter's by-the Sea Episcopal Church, the Diocese of East Carolina, and Beach Towel Ministry, and appoints the adult Youth Advisors of said church - along with the staff of Beach Towel Ministry and the Diocese of East Carolina - as the legal guardian(s) of our child. This guardianship shall begin on June 24, 2017 and shall remain in effect until July 1, 2017 or until it is terminated by either of the undersigned parent(s) or guardian(s).

The above named guardians shall have the following powers:

- The power to seek appropriate medical treatment or attention on behalf of our child as may be required by the circumstances, including but not limited to: any x-ray examination, anesthetic, medical, surgical, or dental diagnosis; medical treatment and hospital care, to be rendered to the minor under the general or special supervision or advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such a diagnosis or treatment is rendered at the office of said physician or dentist or at said hospital.
- The power to authorize said medical or dental treatment or procedure in an emergency situation.
- The power to make appropriate decisions regarding discipline, clothing, bodily nourishment, shelter, and safety procedures.

The undersigned

- shall be liable and agree to pay all costs and expenses incurred in connection with such medical or dental services rendered to the aforementioned child pursuant to this authorization. Should it become necessary for the child to return home due to medical reasons or a violation of the stated covenant standards, the undersigned shall assume all transportation costs.
- gives permission for my (our) child to ride in vehicles designated by the adults in whose care the minor has been entrusted.
- also does give permission for my (our) child to participate in the events and activities related to the Towel Ministry Work Camp, and recognize that there may be some risks related to such activities and events. By signing this document, I hereby waive and release, for myself and my heirs, executors and assigns, any and all claims and rights for claims for damages or litigation that I may have against the Diocese of Eastern North Carolina, Beach Towel Ministry, its advisors, staff, employees, and members or member organizations for any and all injuries or accidents that may befall my child.

Parent's or Guardian's Signature(s) _____

Printed Name _____ Date _____