

PAGE 2 of Applicant and Staff Application
PLEASE SEND A PHOTO COPY OF YOUR MEDICAL ID CARD!
Medical Release Forms

Mandatory, regardless of age. Please complete all information below. Authorization of Medical Release

Name

Address

City

State

Zip

Home #

Work #

Cell#

Name of Parent/Guardian if under 18 years old

Name of Physician

Address and Phone # of Physician

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Health Insurance Company (ATTACH A COPY OF MEDICAL ID CARD)

Policy # and Phone # of Insurance Company

Please List Known Allergies or Medical Conditions: _____

Special Diet Needs : _____

We the undersigned parents of the applicant shown above hereby give our authorization and permission to any physician, Emergency Room Technician, Nurse, Hospital, and/or other Medical Personnel, to make any emergency medical examination, diagnosis, and/or treatment which may be needed for this person.

Applicant/Staff Applicant Signature:

Parent/Guardian Signature: _____
(If under 18 years of age)

Clergy/Sr. Warden Signature (Req'd only if you are applying to be on staff for a weekend)

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OVER-THE-COUNTER-MEDICATION

Name: _____

I, _____, (parent/guardian) hereby give permission for my child, _____, to be able to be given over-the-counter medications if necessary. Dosages will be given according to the directions on the bottle unless a physician directs otherwise.

- | | |
|--------------------------|--|
| Headache: | Tylenol/Aspirin |
| Antihistamines: | Benadryl |
| Decongestant: | Dimetapp/Sudafed |
| Cold Medication: | Tylenol Cold |
| Upset Stomach: | Pepto Bismol/Tums/Zantac/Pepsid |
| Diarrhea: | Imodium AD/ Kaopectate |
| Menstrual Cramps: | Pamprin/Midol/Aleve |
| Poison Ivy: | Calamine Lotion/Cortaid |
| Foot Fungus: | Tinactin/Desenex |
| Constipation: | MOM/Dulcolax |
| Nausea: | Dramamine/Maalox |
| Muscle Aches: | Ben-gay/Ibuprofen |
| Cuts: | Neosporin Ointment |
| Eye Drops: | Refresh |
| Sun Burns | Solarcaine/Foile Ointment |

Signed: _____

Date: _____

Event: _____

**STAFF APPLICATION (Page 1 of 3)
ALL DYC YOUTH EVENTS**

Mail Application to: (PLEASE DO NOT SEND TO CAMP)

St. Mark's Cathedral
c/o Debbie Slater-Lay Youth Minister
908 Rutherford, Shreveport, LA 71104
Debbie@stmarkscathedral.net
Fax #: 318-424-8427

Please print clearly

Title of Retreat you are applying to: _____ **Date:** _____

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

Shirt Size: _____

EMAIL ADDRESS: _____

AGE: _____ **Current grade/yr in college:** _____

Have you ever served on staff before? _____

If so, which events? _____

Date of training session you last attended? _____

Have you completed Safeguarding God's Children? _____

Do you play a musical instrument? / What do you play? _____

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NO CELL PHONES will be allowed during the weekend. You will be asked to turn them in when you arrive. Please note that this is an application to be on staff only. You will be **NOTIFIED** by the Dean of the weekend if you are chosen to staff this particular weekend. There **IS A LIMIT** to the number that can staff each weekend. We desire to let all who wish to serve be given an opportunity. Therefore, some applications may not be accepted. You may contact Debbie Slater if you have any questions. The cost to be on staff will be \$50 per staff member, except for Happening which is \$70, due to an additional overnight stay.

PLEASE MAKE A COPY OF BOTH SIDES OF YOUR MEDICAL CARD and attach to the medical release form. If you do not have it, you will not be allowed to serve on the weekend until it is received.