

Christ Episcopal Church
MEDICAL and RELEASE FORM

revised 09-20-2011

The Undersigned Parent or Legal Guardian of _____,
a minor child, does hereby grant permission for the said child to engage in the various activities sponsored by Christ Episcopal Church for its Junior Youth Group during the 2011-2012 school year, including but not limited to travel in church and personal vans or automobiles, attendance at related group activities, and general participation in any and all activities sponsored by or associated with Christ Episcopal Church Jr. Youth Group.

This consent also includes specific permission hereby granted to the adult supervisors and leaders of Christ Church to make medical decisions with respect to the said minor child in the event of accident or injury when parental consent shall be unavailable or when circumstances shall require immediate medical decision, and to administer medication when required.

Dated this _____ day of _____, 20__.

X _____
Printed name of Parent or Legal Guardian

X _____
Signature of Parent or Legal Guardian

X _____
Printed name of Parent or Legal Guardian

X _____
Signature of Parent or Legal Guardian

Home Address _____ City – State – Zip Code _____

Home Phone No. _____ Office Phone No. _____ Cell or Mobile or Pager Number, etc. _____

Parent Home Email _____ Parent Business Email (Mother or Father – circle one) _____

Emergency Contact (Name and telephone numbers) in the event parent or guardian cannot be reached. _____

Doctor's Name, Address, Phone No. _____

Insurance Information: ATTACH COPY OF INSURANCE CARD

Insurance Company Name _____ Policy or Group Number _____ Insurance Co. Phone No. _____

Member's Name _____ Member's ID Number _____

Does your child have any medical concerns, regular medications, allergies, etc., that we should be aware of and/or assist with? _____

List prescription and non-prescription medications- (medicine name, dosage taken & when taken, etc.):

