

Christ Episcopal Church  
**YOUTH MEDICAL and RELEASE FORM**

revised 08-27-10

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 Journey to Adulthood, Sunday School and Youth Programs (Rite 13, J2A, YAC, and EYC), 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 Youth.

This consent also includes specific permission hereby granted to the adult supervisors and leaders of Christ Church Youth 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 Phone No.

Office Phone No.

Cell or Mobile or Pager Number, etc.

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.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_