

St. David's Youth Ministry Permission Form

(Everyone needs to fill out permission part)

My Child, _____ has my permission to attend and to participate in the

_____ on _____,
Event Name **Date**

sponsored by St. David's Episcopal Church.

I represent that my child is healthy and capable of participating in said event without causing risk of danger, illness or accident to him/herself, or to others. I agree to hold harmless the leaders of my church, the leaders of other churches involved, the event coordinators, the Bishop of Texas and the Diocese of Texas in the event of any accident or injury.

In the event that my child requires medical attention while attending the event, I understand that an adult sponsor of the event will make every reasonable attempt to contact me. In the event that I cannot be contacted, I consent to any medical attention deemed appropriate. In the event that treatment is called for, which the medical provider refuses to administer without consent, I hereby authorize an adult sponsor to give such consent for me if I cannot be contacted immediately or, because of emergency, there is no time or opportunity to make contact. In the event that it is necessary for that person to give consent, I agree to hold such person free and harmless of any liability for damages arising from giving such consent.

I declare that my child is covered by medical insurance and/or that I am responsible for any and all expenses incurred by my child whether covered under insurance or not.

(Note: the sponsors of this event do not provide insurance in case of injury or illness).

Custodial Parent or Legal Guardian Signature: _____ Date: _____

Relationship to Participate: _____

Medical Information Form

(Need to fill out this part unless you already filled out and turned in a 2005/06 Medical Form and all of your information is current)

Parent's/Guardian's Name (printed) _____

Child's Name (printed) _____

Child's Social Security No. _____ - _____ - _____

Child's Birth Date _____

Address _____ City/ST _____ Zip _____

Phones (home) _____ (work) _____ (cell) _____

If unavailable in emergency, notify _____ Phone _____

Medications your child is currently taking _____

Medications sent with participant _____

Any known allergies _____

Insurance Company _____

Policy No. _____ Member No. _____