

Christ Church Episcopal Parish

Medical Release Form

Participant's Name _____

As parent/guardian of the above named minor, I hereby grant permission for my son/daughter to participate in Christ Church's event _____ (name the event) held on _____ (cover all dates away from church).

I grant permission for _____ (fill in your group leader's name) or any other adult chaperone with our group to take whatever steps may be necessary to obtain emergency care as warranted for the well being of my son/daughter. I further authorize the release of the following medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release the church, its employees or agents from liability associated with participation in a church activity. I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury.

Medical Information

Name of Parent/Guardian _____

Home Address _____

City _____ State _____ Zip _____

Home (_____) _____ Cell (_____) _____

Emergency Contact (if parent/guardian cannot be reached)

Medical Insurance Company Name _____

Medical Insurance Policy Number _____

Group Number (if applicable) _____

Name of Policy Holder _____

Medications being taken/dosage/frequency _____

List ALL Allergies (food/meds/pets/etc.) _____

List any special dietary needs _____

Please state any additional health, emotional or other conditions of which we should be aware _____

(continued on back)

My signature below indicates that I understand and agree to the policy and terms listed above and agree that any expenses incurred in necessary emergency or other medical treatment will be borne solely by the student's medical coverage and/or family. I will not hold any leader or organization liable for any injury or accident.

Participant Signature

Date

Parent/Guardian Signature

Date