

St. Paul's Episcopal Church Permission and Health Form For Youth Events

(Note: This form will need to be filled out for each individual event
Attended by the youth named below)

Event _____ Date of Event _____

Full Name

Last	First	Middle Init.
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Address _____ City _____

Zip _____

Home Phone _____ Age _____

Gender Male Female Birth date _____

Dietary restrictions*

(Please note that we are not equipped to provide for major dietary restrictions. Participants must be capable of managing necessary dietary adjustments.)

Medical Insurance Co.

Address of Company

City _____ State _____ Zip _____

Policy/Group No. _____ If none, please note

Name of Policy Holder

Known allergies

Known Medical Conditions (i.e., asthma, diabetes . . .)

Family Physician _____

Phone _____

Can over the counter medications be given by an adult sponsor? _____ Yes _____No

Custodial Parent/Guardian's Full Name

Address

Home Phone _____ Cell Phone

Contact person for emergencies

Work Phone _____ Home Phone _____ Cell Phone

Home Address

My child, _____, has my permission to attend and participate in (event)

_____. I represent that my child is healthy and capable of participation in this event without causing risk of danger, illness or accident to him or herself, or to others.

I agree to hold harmless the leaders of this event in the event of any accident or injury.

In the event that my child requires medical or dental 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 an 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 also assume responsibility for all medical treatment expenses. PLEASE NOTE THAT THE SPONSORS OF THIS EVENT DO NOT PROVIDE INSURANCE IN CASE OF INJURY OR ILLNESS.

Custodial Parent or Legal Guardian Signature

Relationship to participant _____ Date _____

Please download this form and return it with the completed information to the Youth Director or the Parish Office.