

Christ Episcopal Church Youth Medical Release Form

Youth Name _____ Parent/Guardian _____

Address _____ Home Phone _____

Mom Cell _____ Dad cell _____

Emergency Contact _____ Telephone _____

Allergies _____

Current Medication _____

Special Health problems/Concerns _____

Insurance Information:

Policy Holder Name _____

Youth Date of Birth _____ Policy Holder DOB _____

Medical Insurance Company _____ Policy # _____

Insurance Agent _____ Phone _____

Address _____

Doctor's Name _____ Phone _____

Address _____

In consideration of my child being allowed to participate in the Christ Episcopal Church activities (youth events, mission trips, etc), I hereby assume all risks and release Christ Episcopal Church, its employees, and volunteers from all liability whatsoever for any injuries or accidents in connection with my child's participation. I intend this release to be binding not only for myself, but also on my family and all legal successors in interest.

In the event that my child is injured, I hereby give permission to the physician or medical personnel selected by Christ church staff or volunteer to hospitalize, secure proper treatment or medication for, and to take whatever medical actions are necessary to treat my child, and I authorize the physician or medical personnel to provide treatment deemed necessary by them.

For the safe enjoyment of this program by all participants rules and regulations have been established and I agree that my child has read and understands these rules and will abide by them.

Signature of Parent/Guardian _____ Date _____

PLEASE SIGN COMMUNITY COVENANT ON THE BACK