

THE CHURCH OF THE GOOD SHEPHERD



**YOUTH ACTIVITY PARENT CONSENT and
EMERGENCY MEDICAL RELEASE FORM
(required for School-year 2016-2017 activities)**

Name of Student: _____ Date of Birth: _____

Address : _____

Event: **Church of the Good Shepherd Student Ministries**
Date(s) of Event: **Aug 21, 2016 – Aug 20, 2017**

Mode of Transportation: Volunteer Driver Bus Airplane

Emergency Medical Release (to be completed by parent or guardian)

My son/daughter, _____, has my permission to participate in the activity listed above, sponsored by The Church of the Good Shepherd, being held on the date listed above. I do further give my permission to teachers, leaders, or other adult staff to obtain and administer such medical aid as might be required for the immediate care of my son/daughter in the event such help of an emergency nature becomes necessary. I also give my permission to include the administration of such medicines or treatment as might be ordered or administered by a duly licensed physician. It is further understood that the church, its officers, pastors, counselors, leaders, or agents will not be held liable for any first-aid rendered, or treatment, drugs, or medicines administered, or surgical procedure performed pursuant to this consent.

My son/daughter is allergic to the following: _____

My son/daughter has the following medical conditions: _____

Parent/Guardian Medical Insurance Company Name: _____

Medical Insurance Policy Number: _____

Parent/Guardian Name: _____

Telephone numbers where you can be reached: _____

Alternate emergency contact person and telephone number if you are unavailable: _____

Parent/Guardian signature: _____ Date: _____