



CHURCH OF THE HOLY APOSTLES  
YOUTH GROUP ACTIVITIES

# Medical Release and Consent Form

Child's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Church Name & City (If other than Holy Apostles): \_\_\_\_\_

Parent(s) Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student E-Mail Address: \_\_\_\_\_ Parents E-Mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If not available, in an emergency notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Insurance Co. Address & Phone: \_\_\_\_\_

Allergies (medication, etc.) and reaction: \_\_\_\_\_

Medications sent with child: \_\_\_\_\_

(NOTE: Prescribed medications must be in original pharmacy container with the correct name, date, instructions and physician's name on label.)

Are there any over-the-counter medications that your child should **not** receive if any minor symptoms develop? (I.e. Tylenol, Advil, Kaopectate, etc.) \_\_\_\_\_

(Please provide notification if your child has been exposed to any communicable disease 3 weeks prior to an event.)

My child, \_\_\_\_\_, has my permission to attend and participate in all youth events sponsored or attended by Church of the Holy Apostles. I represent that my child is healthy and capable of participation in these events without causing risk of danger, illness or accident to my child or to others. **I agree to hold harmless Church of the Holy Apostles and its employees and sponsors; other churches involved in the events and their employees and sponsors; the event coordinators; the Episcopal Bishop of Texas; and the Episcopal Diocese of Texas in the event of any accident or injury to my child while participating in or traveling to church-sponsored events.**

In the event that my child requires medical or dental attention while attending an event, I understand that an adult sponsor will make every reasonable attempt to contact me. In the event that I cannot be contacted, I consent to any emergency first aid and/or medical care by any physician, hospital or attendant deemed appropriate for my child. 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 if, because of an emergency, there is no time or opportunity to make contact. In the event that it is necessary for an adult sponsor 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 or on behalf of my child, whether covered under insurance or not.

(NOTE: THE SPONSORS OF THIS EVENT DO NOT PROVIDE INSURANCE IN CASE OF INJURY OR ILLNESS.)

**This authorization is effective June 1, 2010 through May 31, 2011, unless withdrawn prior to such date.**

Custodial Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Texas