



CHURCH OF THE HOLY APOSTLES

Medical Release and Consent Form

Full Name: _____ Age: _____ Male/Female: _____

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

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address: _____

Home Address: _____ City: _____ State: _____ Zip: _____

In an emergency notify: _____ Phone: _____

Insurance Co.: _____ Policy #: _____ Group #: _____

Insurance Co. Address & Phone: _____

Allergies (medication, etc.) and reaction: _____

Current Medications: _____

(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 you should not receive if any minor symptoms develop? (I.e. Tylenol, Advil, Kaopectate, etc.) _____

(Please provide notification if you have been exposed to any communicable disease 3 weeks prior to an event.)

I, _____, give my permission to attend and participate in, _____, sponsored or attended by Church of the Holy Apostles. I represent that I am healthy and capable of participation in these events without causing risk of danger, illness or accident to myself 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 myself while participating in or traveling to church-sponsored events.

In the event that I require medical or dental attention, where I am unable to give verbal or written consent, while attending said event, I understand that every reasonable attempt will be made to contact the emergency contact listed above. In the event that they cannot be contacted, I consent to any emergency first aid and/or medical care by any physician, hospital or attendant deemed appropriate for me. 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 no one can 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 I am covered by medical insurance and/or that I am responsible for any and all expenses incurred by or on my behalf, 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 _____ through _____, unless withdrawn prior to such date.

Signature: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public in and for the State of Texas