

**Emmanuel Episcopal Church  
Youth Formation Programs Permission & Waiver Form**

As the parent/guardian of \_\_\_\_\_, I hereby grant permission for my child(ren) to attend activities on and off the parish campus and to ride in vehicles driven by youth leaders and/or parents of participating youth during *Journey To Adulthood* and *Episcopal Youth Community*-related activities during the 2011-2012 program-year (9/01/2011 - 8/31/2012). Activities may include, for example, trips to the bowling alley, Sandy Creek Park, Camp Mikell, the cathedral in Atlanta, local restaurants, etc. I understand that in most cases I will be notified prior to the activity if it involves leaving the parish campus.

(Please print:)

**Name of participant** \_\_\_\_\_ **Date of birth** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Age** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip code** \_\_\_\_\_  
**Phone Number** (\_\_\_\_) \_\_\_\_\_ **Gender** \_\_\_\_\_ **Height** \_\_\_\_\_ **Weight** \_\_\_\_\_

**Emergency Contact Person:**

**Parent/Guardian names** \_\_\_\_\_  
**Address (if different from participant)** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip code** \_\_\_\_\_  
**Home phone number** (\_\_\_\_) \_\_\_\_\_  
**Work phone number 1** (\_\_\_\_) \_\_\_\_\_  
**Work phone number 2** (\_\_\_\_) \_\_\_\_\_  
**Cell phone number 1** (\_\_\_\_) \_\_\_\_\_  
**Cell phone number 2** (\_\_\_\_) \_\_\_\_\_

**Alternate Contact Person** (Use someone near the primary contact.)

**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_  
**Home phone number** (\_\_\_\_) \_\_\_\_\_  
**Work phone number** (\_\_\_\_) \_\_\_\_\_  
**Cell phone number** (\_\_\_\_) \_\_\_\_\_

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is participating in Emmanuel youth events.

Do you have health insurance? \_\_\_\_\_ yes \_\_\_\_\_ no  
**Name of insurance company** \_\_\_\_\_  
**Policy number** \_\_\_\_\_ **Group Number** \_\_\_\_\_  
**In whose name is the insurance?** \_\_\_\_\_  
**Family doctor** \_\_\_\_\_ **Town** \_\_\_\_\_  
**Phone number** (\_\_\_\_) \_\_\_\_\_

**Health history:**

Pre-existing or present medical conditions of which we should be aware:

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Name and dosage of any medications that must be taken:

Any allergies? \_\_\_\_\_ to medications? \_\_\_\_\_

- |  |  |                                   |
|--|--|-----------------------------------|
| <input type="checkbox"/> Hay fever         | <input type="checkbox"/> Heart condition                           | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Insect Stings     | <input type="checkbox"/> Epilepsy/nervous disorders                |                                   |
| <input type="checkbox"/> Asthma            | <input type="checkbox"/> Frequent stomach upsets                   |                                   |
| <input type="checkbox"/> Physical handicap | <input type="checkbox"/> Any major illnesses during the last year? |                                   |

If any of the above are checked, please give details (i.e., include normal treatment of allergic reactions) \_\_\_\_\_

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Date of last tetanus shot \_\_\_\_\_ Contact lenses? \_\_\_\_\_

Any activity restrictions, to include physical activities, swimming, traveling, etc? \_\_\_ yes \_\_\_ no  
What?

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**Parent Medical and Liability Release Statement:**

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader(s) to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed.

**I understand all reasonable safety precautions will be taken at all times by Emmanuel Episcopal Church and its agents during youth formation activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Emmanuel Episcopal Church, its leaders, Vestry, employees, and volunteers liable for damages, losses, diseases, or injuries incurred by the subject of this form.**

Parent/Guardian printed name \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_