



# CHRIST EPISCOPAL CHURCH

## PERMISSION & MEDICAL CONSENT FOR YOUTH

*As a parent or legal guardian, I hereby give permission for my child to participate in off-premises activities organized by Christ Episcopal Church, Winchester, Virginia, to include travel in private or public vehicles.*

*Childs full name:* \_\_\_\_\_

*Gender:* \_\_\_\_\_ *Date of Birth:* \_\_\_\_\_

*Parent/Guardian name:* \_\_\_\_\_ *e-mail address:* \_\_\_\_\_

*Home address:* \_\_\_\_\_

*Home phone:* \_\_\_\_\_ *Business :* \_\_\_\_\_ *Cell:* \_\_\_\_\_

*Emergency contact:* \_\_\_\_\_ *Phone #:* \_\_\_\_\_

*Relationship to child:* \_\_\_\_\_

*Address for contact:*

\_\_\_\_\_

*Allergies/reactions:*

*Insect stings:* \_\_\_\_\_ *Ivy poisoning:* \_\_\_\_\_ *Hay fever:* \_\_\_\_\_

*Medications:*

\_\_\_\_\_

*Other:*

\_\_\_\_\_

*Dietary restrictions:*

\_\_\_\_\_

*Medications taken:*

\_\_\_\_\_

*Date of last tetanus shot:* \_\_\_\_\_

*Medical health problems or injuries, chronic/recurring illnesses that would have an effect on participation in activities.:*





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*Activity limitations:*

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*Family physician:* \_\_\_\_\_ *Phone #:* \_\_\_\_\_

*Address:*

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*Family dentist:* \_\_\_\_\_ *Phone #:* \_\_\_\_\_

*Address:*

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*Specialist:* \_\_\_\_\_ *Phone #:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Medical Insurance Co:*

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*Policy #:* \_\_\_\_\_ *Phone #:* \_\_\_\_\_

*Dental insurance Co:*

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*Policy #:* \_\_\_\_\_ *Phone #:* \_\_\_\_\_

*I understand that in the event that my child requires medical or dental treatment while engaged in a church activity, reasonable efforts will be made to contact me; however, if I cannot be reached. I hereby give permission and consent to the Church's authorized representative or other adult leader acting on behalf of the church to authorize medical, dental or diagnostic treatment (to incl. X-rays & surgery) as advised by appropriate medical authorities licensed to practice where the services are rendered. To the best of my knowledge, I have listed all my child's allergies, medications, medical concerns and other pertinent information.*

