CHRIST EPISCOPAL CHURCH

PERMISSION AND MEDICAL CONSENT THROUGH AUGUST 2024

As a parent or legal guardian, I hereby give permission for my child to participate in all activities, onsite and off-premises, organized by Christ Episcopal Church, Winchester, Virginia, that may also involve travel in private or public vehicles.

Child's Full Name:	_
Gender: Date of Birth:	
Parent/Guardian Name:	_
Home Address:	_
Home Phone: Cell:	
Emergency Contact: Phone:	
Relationship:	
Address:	
Allergies/Reactions Insect Stings: Ivy Poisoning:	
Hay Fever: Penicillin:	
Other:	-
Dietary Restrictions:	_
Medications taking:	
Date of last Tetanus shot:	
Medical/Health problems or injuries, or chronic/recurring illnesses that would on participation in activities:	nave an effect
Activity limitations:	

Family Physician:	Phone:	
Address:		
Family Dentist:	Phone:	
Address:		
Specialist:	Phone:	
Address:		
Medical Insurance Company:		
Policy #:	Phone:	
Dental Insurance Company:		
Policy #:	Phone:	
I understand that in the event that my engaged in a Church activity, reasonal cannot be reached, I hereby give perm other adult leader acting on behalf of treatment (to include x-rays and surge licensed to practice where the services listed all my child's allergies, medication information.	ble efforts will be made to contact medission and consent to the Church's rathe Church to authorize medical, derery) as advised by appropriate medicals are rendered. To the best of my known	e; however, if I representative or ntal, or diagnostic al authorities owledge I have
This permission and medical consent revoked by me in writing.	will remain in force through August	31, 2023, unless
My Child has my permission to partici	ipate in all activities except as noted	above.
I understand that Christ Church will sevents for use in marketing and promoby Christ Church. Last names are not	otional material, social media and or	n Web sites owned
If you do NOT want such images publi box.	ished of your child, please indicate b	y checking this
Signature:	Date:	_