

Event Liability Form

My child, _____, has my permission to attend and participate in **Youth Activities and Field Trips** sponsored by **St. Paul's Episcopal Church in Waco, Texas.**

I represent that my child is healthy and capable of participating in said event without causing risk of danger, illness or accident to him/ herself, or to others. I agree to hold harmless the leaders of St. Paul's Episcopal Church, the leaders of other churches involved, the event coordinators, the Bishop of Texas, and the Diocese of Texas in the event of any accident or injury.

In the event that my child requires medical attention while attending the event, I understand that an adult sponsor of the event will make every reasonable attempt to contact me. In the event that I cannot be contacted, I consent to any medical attention deemed appropriate. 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, because of an emergency, there is no time or opportunity to make contact. In the event that it is necessary for that person 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 my child whether covered under insurance or not.

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

Parent or Legal Guardian Name: (printed) _____

Parent or Legal Guardian Signature: _____

Relationship to Participant: _____ Date: _____

This release form is good for **ONLY** the above named youth and will be in effect for 12 months from the date signed. **All information must be provided** or the form is **incomplete**.

The **parent or legal guardian MUST** provide information. At **no time** may a form be signed and completed by another parent for a friend.

You **must complete both** the Event Liability Form and the Medical Information Form with current information in order for the above named youth to participate.

Medical Information Form

Youth Info

Youth's Full Name: _____

Date of Birth: ____ - ____ - ____ Age: _____ Grade: _____ Cell: _____

Home Address (include city and zip code): _____

Parent's/Guardian's Names: _____

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

Emergency Contact Info

Primary Emergency Contact: _____

Home Address (include city and zip code): _____

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

Which phone number should be called first? _____

Secondary Emergency Contact: _____

Home Address (include city and zip code): _____

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

Which phone number should be called first? _____

Medical Information

Primary Physician's Name: _____ Phone #: _____

Insurance Company: _____

Policy Number: _____ Group Number: _____

Please list allergies and any medical conditions we should be aware of (please include drug allergies here as well): _____

Are there any **over-the-counter** medications that your youth **should not** receive if any minor symptoms develop? If yes, please list. _____

Please list any medication the youth is currently taking: _____

*This medicine **must be** turned into the event coordinator to distribute during the event. Prescription medication must be in an original pharmacy container with the correct name, date, instructions and physician's name on the label.