

allsaintsyouth

All Saints Church
338 East Lyman Ave. Winter Park, FL 32789
phone: 407.647.3413 fax: 407.647.2406

ALL SAINTS YOUTH MEDICAL RELEASE

TO: Parent/Guardian
From: Youth Ministry Office

Your son/daughter is eligible to attend a church activity requiring transportation to a location away from All Saints. These activities will take place under the guidance and supervision of myself and a number of volunteer youth leaders from All Saints.

I hereby consent to the participation of my child _____, in the event described above. I understand that this event will take place away from the church grounds and that my child will be under the supervision of the designated persons on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by your child.

Signature of Parent/Guardian: _____
Date: _____

Permission for Emergency Treatment

On rare occasions an emergency requiring hospitalization, surgery, and/or other medical treatment develops. Since some states require written consent for children under 21 in order to receive an anesthetic or operation, we request the parent/guardian complete and sign this statement. This is to prevent dangerous delays if an emergency does occur and we are unable to contact you. The designated supervisor of this activity will attempt to contact the parent/guardian as soon as possible.

Name: _____ Age: _____ Birthday: _____ Grade: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone: _____ School: _____
Emergency Phone: _____ Emergency Contact: _____

In the event of injury and/or illness to my son/daughter, I hereby authorize a representative of All Saints Episcopal Church to obtain and give consent to whatsoever medical treatment that they deem necessary, including the administration of an anesthetic and surgery, and I do hereby release All Saints Episcopal Church and representatives from responsibility and liability for any/all injury or illness that my child may sustain during this activity.

Signature: _____ Date: _____

Medical Information

Allergies: _____
Medications currently being taken: _____
Physical handicaps and limitations: _____
Medical Insurance Co.: _____
Members name and policy number: _____

SIGNATURE/STAMP OF NOTARY (required)

_____ DATE _____