

**CHRIST CHURCH
Youth & Family Ministry**

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Easton, MD 21601

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**Activities Permission &
Medical Authorization**

**Our Youth Ministry
exists To:**

- † promote**
friendship,
leadership, &
acceptance
- † encourage**
spiritual growth
- † honor**
God through
our actions and
words
- † discover &
apply**
our gifts in the
care and
concern of
others
- † inspire**
a Christ-like
self-awareness
- † spread**
Christ's Love
to our
community

I, the parent or legal guardian of my son/daughter listed below, hereby give my son/daughter permission to participate in any and all activities of the Christ Church, St. Peter's Parish, Youth and Family Ministry for the period of September 2007 through September 2008. I understand this participation may require transportation in private or leased vehicles from time to time. I understand that I will be notified as soon as possible in the event of an emergency. If I cannot be contacted immediately, I do hereby authorize and consent to emergency first aid, to medical examination and to x-ray, anesthetic, medical, dental or surgical diagnosis, treatment and care rendered by or under the general or special supervision of licensed medical personnel.

This Authorization is given in advance of any specific diagnosis, treatment, and care, which is deemed advisable in the best judgment of a medical doctor. It is understood that no diagnosis, treatment or care will be withheld if the undersigned cannot be reached.

In the event of illness or injury, I waive any and all claims now existing, known or unknown, or arising hereafter, and specifically agree that the Episcopal Church, the Diocese of Easton and any related corporation or entity, their agents and employees and any Activities Leaders (collectively, "the Church and its agents") connected with this activity are fully released from any and all liability and damages except those arising from the negligent acts or omissions of the Church and its agents.

If my child has any medical conditions that may be relevant in an emergency or require any restriction of activity, I have attached a description of them to this form. I understand that neither the church nor its agents are responsible for anything that may happen as a result of incorrect or incomplete information.

Child's Name: _____

Parent/Guardian's Name (printed): _____

Date: _____ Day Phone: (____) _____ Night Phone: (____) _____

Address: _____ City, State, Zip: _____

Email : _____

Alternate person to call: _____ Phone: (____) _____

Family health insurance with : _____

Policy Number: _____

Insured's Name: _____

Family Doctor: _____ Phone: (____) _____

Health information: (allergies, physical limitations, disabilities, special diet, and other pertinent information):

My child takes the following prescribed medications: _____

I hereby give permission for the Activity Leader(s) to administer the medications to my child.

PARENT NAME (PRINTED)

PARENT SIGNATURE

DATE