

**Children and Youth Programming Medical Release
Episcopal Church in Almaden
2019 Programs**

I give my permission for my child/children to participate in the Children and Youth Programming at the Episcopal Church in Almaden (ECA). In the event of an emergency, I may be reached at:

Phone Number: 1) _____ 2) _____

Other emergency contact persons:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Primary Physician: _____ Phone: _____

Health/Hospitalization Insurance: _____ Policy/Group # _____

Address: _____ Phone: _____

In the event of an emergency where medical treatment is required, and I or named contacts are unable to be reached by phone, I authorize the church staff sponsors of this event to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency.

Please list any allergies, medications, or other medical information needed in an emergency situation for your child(ren).

Signature of Parent or Guardian: _____

Date: _____

We will keep this form on file for the year stated above. We will require a new form each year. We will request such a form from you at registration of the first program that your child or children register during any given year. This form will remain in effect for the calendar or until such time you need to change the form due to a change in your insurance. On future registration forms you will be required to acknowledge that your insurance plans have not changed during that calendar year.