

**CHRIST EPISCOPAL CHURCH**  
**PERMISSION AND MEDICAL CONSENT**  
**THROUGH AUGUST 2017**

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 have an effect on participation in activities: \_\_\_\_\_

\_\_\_\_\_

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 child requires medical or dental treatment while engaged in a Church activity, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby give permission and consent to the Church's representative or other adult leader acting on behalf of the Church to authorize medical, dental, or diagnostic treatment (to include x-rays and surgery) as advised by appropriate medical authorities licensed to practice where the services are rendered. To the best of my knowledge I have listed all my child's allergies, medications, medical concerns, and other pertinent information.

This permission and medical consent will remain in force through August 31, 2017, unless revoked by me in writing.

My Child has my permission to participate in all activities except as noted above.

I understand that Christ Church will sometimes record images, sound or video of church events for use in marketing and promotional material, social media and on Web sites owned by Christ Church. Last names are not printed in conjunction with photos of youth.

If you do NOT want such images published of your child, please indicate by checking this box.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_