

# Medical Release and Consent Form

(PLEASE PRINT)

Participant's Full Name \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Goes by (name) \_\_\_\_\_ T-shirt size: ADULT / CHILD: S M L XL XXL  
Church name \_\_\_\_\_ & City \_\_\_\_\_  
Home Phone \_\_\_\_\_ Parent Work Phone \_\_\_\_\_ Parent Cell Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email address \_\_\_\_\_  
If not available in an emergency notify \_\_\_\_\_ Phone \_\_\_\_\_  
Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
Insurance Co. Address & Phone \_\_\_\_\_

**\*\*Attach a copy of front & back of insurance card to this form\*\***

Allergies to medication and reaction \_\_\_\_\_  
Other Allergies \_\_\_\_\_  
Medications sent with participant \_\_\_\_\_  
\_\_\_\_\_

(NOTE: Prescribed medications must be in original pharmacy container with the correct name, date, instructions and physician's name on label)

Are there any over the counter medications that the participant should **not** receive if any minor symptoms develop?  
(i.e. Tylenol, Advil, Kaopectate, etc.) \_\_\_\_\_

My child, \_\_\_\_\_, has my permission to attend and participate in all events sponsored by the Episcopal church and other youth events sponsored by St. Alban's Episcopal Church, Austin, TX. I represent that my child is healthy and capable of participation in said event without causing risk of danger, illness or accident to him or herself, or to others.

I agree to hold harmless the leaders of my 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 or dental 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.

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

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.

Custodial Parent or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name and Relationship to Participant  
\_\_\_\_\_