

Christ Episcopal Church
1101 Franklin Road, S.W. Roanoke, Virginia 24016
540/343-0159 (church) 540/342-9983 (FAX)

Parental Authorization Form

School & Summer Year Term 2021-2022

Name/Nickname _____ M or F ____ Age ____

Address _____ City _____ State _____ Zip _____

Email address you use with friends _____

Birth Date _____ Grade ____ School _____

Parent/Guardian Name _____

Home Phone (____) _____

Parent /Guardian Email Addresses _____

Parent/Guardian Work Phone (____) _____

Parent/Guardian Cell Phone (____) _____

Please Circle T-Shirt Size: (adult sizes) Small Medium Large X-Large XX-Large

Permission/Release

I/my child, _____, has my permission to attend and to participate in activities in or connected with Christ Episcopal Church. I represent and warrant that my child/self is physically fit and has no medical condition which would prevent full participation in activities. I acknowledge that Christ Episcopal Church is relying on these representations in permitting my/my child's participation in these activities, and that Christ Episcopal Church has no duty to inquire about my/my child's physical condition and/or any medical conditions from which I/my child may suffer. I understand also that, although Christ Episcopal Church has taken precautions to provide a safe environment for these activities, it is impossible to guarantee absolute safety. I understand that I/my child share(s) the responsibility for safety during all activities. In consideration of my/my child's being permitted to participate in activities, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the activities. In further consideration of being permitted to participate in the activities, I knowingly, voluntarily and expressly waive to the fullest extent permitted by law any claim that I/my child may have against my church, leaders of other churches involved, the event coordinators and/or adult sponsors, for injury or damages that I may sustain as a result of participating in the program, and I waive, discharge and covenant not to sue the leaders of my church, leaders of other churches involved, the event coordinators and/or the adult sponsors for any accident or injury. In the event that my child requires medical attention while attending a youth 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, to the fullest extent permitted by law, for damages arising from giving such consent.

Please list all allergies, medical problems, medications currently being taken by participant, or any other pertinent information below. Please notify the Event Coordinator or Nurse if this participant has been exposed to any communicable disease 3 weeks prior to this event. I declare that my child/self is covered by medical insurance and/or that I am responsible for any and all expenses incurred by my child/self whether covered under insurance or not.

(NOTE: The Sponsors of Christ Episcopal Church youth events do not provide insurance in case of injury or illness.)

ADULT/PARENT/GUARDIAN SIGNATURE _____ **Date** _____
Relationship to Participant _____

Medical and Insurance Information (**IMPORTANT: Attach a copy of both sides of insurance card(s)**)
HEALTH CARRIER(S), POLICY #, GROUP #:

HEALTH CARRIER ADDRESS: _____

HEALTH CARRIER PHONE #: _____

ALLERGIES, REACTION, TREATMENT:

FOOD ALLERGIES, DIET RESTRICTIONS:

CHRONIC OR RECURRING ILLNESSES (Asthma, migraines, etc):

MEDICATIONS BEING SENT WITH PARTICIPANT:

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

ANY OVER THE COUNTER MEDICATIONS THAT THE PARTICIPANT MAY NOT RECEIVE:
(For example: Tylenol, Advil, Kaopectate, etc.) NO _____ If Yes, Please List all:

EMERGENCY CONTACT NAME AND RELATIONSHIP: _____

CONTACT PHONE NUMBERS: HOME _____ **CELL** _____

SECOND CONTACT NAME and RELATIONSHIP: _____

CONTACT PHONE NUMBERS: HOME _____ **CELL** _____

PLEASE check here if you do NOT give permission for Christ Episcopal Church to use photos from church youth related events for promotional purposes.