



# The Episcopal Diocese of West Texas

## Medical Release Form

Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

HEALTH CARRIER/POLICY #/GROUP #

\_\_\_\_\_  
(IMPORTANT: COPY BOTH SIDES OF INSURANCE CARD and attach)

HEALTH CARRIER ADDRESS/PHONE #

\_\_\_\_\_

ALLERGIES/REACTION/TREATMENT

\_\_\_\_\_

MEDICAL CONDITIONS/MEDICINES CURRENTLY TAKING

\_\_\_\_\_

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

EMERGENCY CONTACT AND PHONE#

\_\_\_\_\_

ANY OVER THE COUNTER MEDICATIONS THAT THE PARTICIPANT **MAY NOT RECEIVE FROM ADULT SPONSOR** (i.e. Tylenol, Advil, Kaopectate, etc.)  NO **If YES, Please List**

\_\_\_\_\_

I/my child, \_\_\_\_\_, has my permission to attend and to participate in the Youth in Action Council Event sponsored by the Episcopal Diocese of West Texas. I represent that my child/self is healthy and capable of participation in said event without causing risk of danger, illness or accident to him/her/myself, or to others. I agree to hold harmless the leaders of my church, leaders of other churches involved, the event coordinators, the Bishop of West Texas and the Diocese of West Texas in the event of any accident or injury. In the event that my child requires medical 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. Please list all allergies, medical problems, medications currently being taken by participant, or any other pertinent information above. Please notify the Event Coordinator if this participant has been exposed to any communicable disease 3 weeks prior to this event. In addition to the medical considerations mentioned above, I hereby grant permission for the Diocese of West Texas Staff to use the candid photos of my child or myself taken as part of the Youth in Action experience in promotion of future events and on the Diocese of West Texas internet site. 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 this event **DO NOT** provide insurance in case of injury or illness.)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date