

The Episcopal Church of the Good Shepherd
Combined Permission; Release, Waiver of Liability, and Indemnity Agreement; and
Emergency Medical/Contact Information for Children and Youth Activities

Child/Youth name: _____
(Last) (First) (M.I.)

Birthdate: _____

Address: _____
Street City State Zip

Home Phone: _____

Parent(s)/Custodial Adult(s)' Name(s):

Parent(s)/Custodial Adult(s) Phone numbers:

Work phone(s): _____

Cell phone(s): _____

In case of emergency contact:

1) Name: _____ Daytime phone: _____

Relationship: _____ Evening phone: _____

2) Name: _____ Daytime phone: _____

Relationship: _____ Evening phone: _____

Name and phone number of primary treating physician:

Allergies (including medications child/youth can NOT take) / Special Health Concerns:

Authorization to Obtain Urgent or Emergency Medical Care

As the parent(s) or custodial adult(s) of _____ (child/youth's name), I/we give permission for The Episcopal Church of the Good Shepherd, its agents, staff, and volunteers to obtain urgent or emergency medical care for my/our child, and I/we authorize health care providers to render such care as may be necessary. It is understood that reasonable efforts will be made to contact me/us prior to obtaining such care, but I/we authorize such care whether I/we are contacted or not, and I/we agree to be financially responsible for such care.

Parent/Custodial Adult Parent/Custodial Adult

Medical Insurance Company: _____

Policy/Group Number: _____

Participant I.D. Number: _____

Medical Insurance Phone Number: _____

Permission to Participate; Release, Waiver of Liability, and Indemnity Agreement

I/we give permission for _____ (name of child/youth) to participate in the activities of The Episcopal Church of the Good Shepherd, both on the church premises and elsewhere. In consideration of the opportunity of my/our child/youth to participate in the activities of Good Shepherd, I/we release The Episcopal Church of the Good Shepherd, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for any loss or injury to my/our child/youth arising from my/our child/youth's participation in the activities of The Episcopal Church of the Good Shepherd; and I/we agree to indemnify and hold forever harmless the Episcopal Church of the Good Shepherd, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for loss or injury to my/our child/youth arising from activities on or off the premises of Good Shepherd or resulting from traveling to or from the activities of Good Shepherd, including loss or injury resulting from negligence or gross negligence.

I/we understand and agree that this permission and agreement shall remain in effect until revoked in writing by me/us, and I/we understand and agree that it is my/our responsibility to update our child/youth's medical and insurance information as changes occur.

Parent/Custodial Adult Parent/Custodial Adult
Parent/Custodial Adult Parent/Custodial Adult

Date: _____