

PARENTAL CONSENT FORM FOR YOUTH ACTIVITIES

All Saints-by-the-Sea Episcopal Church

The purpose of this form is to give your permission for your child to participate in All Saints-by-the-Sea church activities and to grant your permission to All Saints-by-the-Sea Episcopal Church and to those who will supervise these activities (the All Saints Staff), to provide first aid and emergency medical or dental treatment for your child when and if the need arises. The signatures of both parents (or the legal guardians, custodians or legally appointed caregivers for the child) are preferred.

Parental Consent

By signing this form, you give your permission for your child to participate in All Saints-by-the-Sea church activities from August 1, 2008, through August 31, 2009.

By signing this form, you authorize the All Saints Staff to consent on your behalf to any necessary medical or dental treatment for your child while participating in an All Saints activity, until you can be contacted or be present to assume that responsibility.

By signing this form, you also agree to release, defend, hold harmless and indemnify the All Saints Staff from and against any legal actions and/or liability which may result from the accidental injury of your child in relation to the exercise of the authority you give to All Saints Staff herein.

This authorization shall remain in force while your child is en route to or involved or participating in any All Saints activity, unless revoked by you in writing. You understand that this permission is given to advance of any specific medical or dental care being required, but is given to provide All Saints Staff with the authority necessary to provide immediate first aid and to give specific consent to any and all medical and/or dental care which your doctor or such medical and dental personnel may deem advisable. We have used the term All Saints Staff to include All Saints-by-the-Sea Episcopal Church, its respective agents, employees and adult volunteers.

PARENT SIGNATURE(S) _____ **DATE** _____

Emergency Medical Information

Child's Name _____ Birthday _____

Address _____ City _____ State _____ Zip _____

Mother's Name _____ Phones: Home _____ Other _____

Address (if different) _____ City _____ State _____ Zip _____

Father's Name _____ Phones: Home _____ Other _____

Address (if different) _____ City _____ State _____ Zip _____

If parents are unavailable, please contact:

Name _____ Phones: Home _____ Other _____

Name _____ Phones: Home _____ Other _____

Child's Physician _____ Phone _____

Health Insurance _____ Policy # _____

If you have an enrollment card for your health insurance, please attach a copy.

Date of last tetanus shot _____ Allergies/Medications/Health Concerns _____

If your child will require medication(s) while attending an All Saints activity, please list each medication, along with dosage and times or circumstances under which it is to be taken. Also indicate whether All Saints or your child will have custody of the medication and whether All Saints will administer the medication or will supervise your child's self-administration. Please use the back of this form if you need more room for information or instructions.