

## Episcopal Diocese of Maryland Adult Consent Form

**Event Contact:**

Kate Riley

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Phone: 1-800-443-1399

Event Name/Description: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Start Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

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

DOB \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mobile #: \_\_\_\_\_ Email: \_\_\_\_\_

Parish Name: \_\_\_\_\_ Location: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Primary Insured: \_\_\_\_\_ Relationship: \_\_\_\_\_

Group/Plan #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Special Needs (allergies, physical/dietary, medication): \_\_\_\_\_

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**Consent/Waiver/Release** Please check boxes:

- You may use photographs of me for promotional purposes
- I agree to be attentive, respectful, and responsible for any youth representing the Episcopal Diocese of Maryland during the event and travel time.
- I am aware that the *Standards of Behavior for Child- & Youth-Related Programs* is available for me to review at [www.youth.episcopalmaryland.org](http://www.youth.episcopalmaryland.org)
- My Safeguarding God's Children Training is up-to-date and on file with the diocese.

**Signatures**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

	Dosage at Times to be Given					
Medication Name	Pre-Brkfast	Brkfast	Lunch	Dinner	Night	As Needed

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