Episcopal Diocese of Maryland Parental Consent Form

Event Contact:
Kate Riley
Email: kriley@episcopalmaryland.org
Phone: 1-800-443-1399

Event Name/Description:_____

Event Date(s):_____ Start Time:_____ Ending Time:_____

Full Name of Participant: _____

DOB & Grade: _____ Gender: _____ T-shirt Size:_____

Address: _____

City:_____ State:_____ Zip Code: _____

Youth Mobile #: _____ Parent Email:_____

Parish Name:_____ Location: _____

Parent/Guardian Name: _____

Parent/Guardian Mobile #: _____Work/Home #:_____

Other Emergency Contact: _____Phone#:_____

Insurance Provider: _____

Primary Insured: _____ Relationship: _____

Group/Plan #:_____Policy #:_____

Special Needs (allergies, physical/dietary, medication):_____

_____

Consent/Waiver/Release Please check boxes:

- ❑ You may use photographs of my child for promotional purposes
- ❑ My child may attend and participate in the activities of this event.
- ❑ My child may ride in any vehicle designated by the adult(s) in whose care this minor has been entrusted while attending and participating in this event.
- ❑ I understand the general guidelines of behavior — that my child must respect and obey all instructions of supervising adults and no alcohol, tobacco, illegal drugs, weapons, sexual

activity or misconduct will be tolerated during this event — and that supervising adults have the right to reasonably enforce all established rules of conduct.

- ❑ I will assume all transportation costs for my child if problems occur during this event and they must be sent home. I will take no civil or legal action against the supervising adults for the normal care of the minor in their charge.
- ❑ I am aware that the *Standards of Behavior for Child-& Youth-Related Programs* is available for me to review at www.youth.episcopalmaryland.org
- ❑ I understand that every effort will be made to contact me in the event of any accident or injury to my child. In the event I cannot be reached, I hereby authorize any supervising adult, in whose care this minor has been entrusted, to consent to whatever medical or surgical treatment may be necessary or advisable by the physician or nurse treating such injuries. I understand that I am responsible for the cost of all medical treatment that is administered.

Signatures

Participant Printed Name: _____

Participant Signature:_____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature:_____Date:_____

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