

**Good Shepherd Episcopal Church**  
2929 Woodland Hills Dr., Kingwood, Texas 77339  
(281) 358-3154

**EYC Registration and Authorization For Emergency Medical Care**  
2014-2015

**PERSONAL INFORMATION:**

Youth's name \_\_\_\_\_ Sex (M/F) \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Youth Cell Phone \_\_\_\_\_  
Current Grade and School \_\_\_\_\_ SSN# \_\_\_\_\_  
Father/Male Guardian \_\_\_\_\_ Mother/Female Guardian \_\_\_\_\_  
SSN# \_\_\_\_\_ SSN# \_\_\_\_\_  
Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Parent's Email: \_\_\_\_\_  
Close Relative or Friend \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_  
Is it okay to use photographs of your child in church publications? \_\_\_\_\_

**MEDICAL INFORMATION:**

Any known allergies that may require special attention (i.e. medications, foods, insect stings, Etc.)? \_\_\_\_\_  
\_\_\_\_\_

Are there any particular medical conditions which should be known? \_\_\_\_\_  
\_\_\_\_\_

Are there any restrictions that should be observed? \_\_\_\_\_  
\_\_\_\_\_

Date of Last Tetanus shot: \_\_\_\_\_ Blood type if known \_\_\_\_\_

Prescriptions taken on a regular basis (Please indicate name of medication, strength, and Dosage). \_\_\_\_\_  
\_\_\_\_\_

**DOCTOR INFORMATION:**

Physician's Name \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

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**HEALTH INSURANCE INFORMATION:**

Health insurance group name \_\_\_\_\_  
ID # \_\_\_\_\_ Group # \_\_\_\_\_  
Insured party \_\_\_\_\_  
Insurance Company address \_\_\_\_\_  
Insurance company phone # \_\_\_\_\_

I hereby grant permission for my son/daughter to participate in all of the activities of the Episcopal Church of the Good Shepherd.

I hereby grant permission for my child to participate in the mentorship activity which involves a safeguarded adult guiding my youth in their faith. I grant permission for this youth to meet with their mentor outside of the church in a public setting.

I hereby grant permission for Good Shepherd Episcopal Church to use my child's photograph for church publications, including on our church website, facebook, and other media outlets.

I hereby grant permission for my son/daughter to leave the church premises under the direct supervision of an adult for church-related activities.

I hereby waive any claim against the Episcopal Diocese of Texas, the Episcopal Church of the Good Shepherd; it's Clergy, Staff Members, Vestry, Youth Sponsors or Chaperones.

I hereby grant permission for the Rector, Assistant Rector, Staff Member, Youth Sponsor, or Chaperone to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact parents or guardians through the numbers listed on this form.
2. Attempt to contact the youth's physician.
3. If we cannot contact you or your youth's physician, or if the medical need warrants immediate attention, we will do any one or all of the following.
  - Call 911.
  - Call another physician or the paramedics.
  - Have the youth taken to an emergency hospital in the company of a staff member or an adult sponsor.
4. Any expenses incurred under #3 above will be borne by the youth's family.
5. The Church will not be responsible for anything that may happen as a result of false information given at the time of registration.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

State of Texas, County of \_\_\_\_\_

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_  
Known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purpose therein expressed.

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public \_\_\_\_\_

(seal)