

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

Authorization For Emergency Medical Care
2010-2011

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 _____

Close Relative or Friend _____ Telephone # _____

Address _____

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 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 Dat e

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)