

Fusion Student Ministry Release
St. Andrew's Pearland, TX

Participant's
Name _____
Goes by (name) _____ M__ F__
DOB _____ Age _____
Grade _____
T-shirt: ADULT S M L XL XXL
Home Address _____
City _____ Zip _____
Best Phone _____
Email _____
Parent/Guardian Work
Ph _____
Parent/Guardian Cell
Ph _____
If unavailable in emergency,
notify _____
Ph# _____
Allergies to medications and
reaction _____

Other
Allergies _____

Medications sent with participant

Note: Prescribed medications must be in original pharmacy container with the correct name, date, instructions and physicians name on label. Over-the-counter medications must be in original container and have dosage information clearly printed on container.

Are there any over the counter medications that the participant **should not** receive if any minor symptoms develop? (i.e. Tylenol, Advil, Kaopectate, etc.) _____

Insurance Co. _____
Policy # _____
Group# _____
Insurance Co. Ph# _____

(please include a copy of both sides of insurance card with this form)
My Child,

_____,
has my permission to attend and to participate in Youth Service Events sponsored by the St. Andrew's Episcopal Church. I represent that my child is healthy and capable of participating in these events without causing risk of danger, illness or accident to him/herself, or to others. I will withhold my child if this is not the case. I agree to hold harmless the leaders of my church, the event coordinators, the Bishop of Texas and the Diocese of Texas in the event of any accident or injury. In the event that my child requires medical attention while attending the event, I understand that an adult sponsor of the event will make every reasonable attempt to contact me. In the event that I cannot be contacted, I consent to any medical attention deemed appropriate. In the event that treatment is called for, which the medical provider refuses to administer without consent, I hereby authorize an adult sponsor to give such consent for me if I cannot be contacted immediately or, because of an emergency, there is no time or opportunity to make contact. In the event that it is necessary for that person to give consent, I agree to hold such person free and harmless of any liability for damages arising from giving such consent. I declare that my child is covered by medical insurance and/or that I am responsible for any and all expenses incurred by my child whether covered under insurance or not.

(NOTE: THE SPONSORS OF THIS EVENT DO NOT PROVIDE INSURANCE IN CASE OF INJURY OR ILLNESS).

Custodial Parent or Legal Guardian
Signature: _____ Date _____

(faxed signature acceptable)
Relationship to
Participant: _____

