



**St. Patrick's Episcopal Church
Medical Form**

(To Be Completed Annually For Each Youth Participant and Adult Leader)

Participant's Name: _____ Age _____ Participant's Cell _____

Date of Birth: _____ Soc. Sec. #: _____

Health Information

Allergic to Drugs (i.e. penicillin, etc.): Yes _____ No _____ List: _____

Allergic Reaction to Bee Stings: Yes _____ No _____ Unknown _____

Food Allergies: _____

Tetanus (Last injection): _____

Is Participant under medical treatment now? Yes _____ No _____

Is Participant taking medications? Yes _____ No _____ what type? _____

Participant's Physician: _____ Phone: () _____

Insurance Information

Company: _____ Phone: () _____

Policy #: _____ Group #: _____

Parent(s) or Guardian(s) Legally Responsible for Participant(or Emergency Contact for Adult Participant)

Name: _____ Name: _____

Day Phone: () _____ Day Phone: () _____

Night Phone: () _____ Night Phone: () _____

I have attached a copy of the front and back of the medical insurance card covering the Participant.

Signature Date

Signature Date



**St. Patrick's Episcopal Church
Permission and Release**

(For Use with All Offsite and Overnight Activities)

I hereby give permission for _____ (“Participant”) to participate in a trip to Summer’s Landing, on Sunday, 2/14/2016. I hereby release, hold harmless and covenant not to sue St. Patrick’s Episcopal Church and its agents, employees and Adult Leaders (collectively “St. Patrick’s”) of and from any cause of action, except for intentional torts or gross negligence, that may arise out of the Participant’s involvement in this activity. Without in any manner limiting the foregoing release, **I expressly acknowledge that this activity includes walking from St. Patrick’s to Summer’s Landing, and assume, acknowledge and accept the risk of injury to the Participant arising out of this activity in particular.**

I hereby appoint _____

(the approved staff and Adult Leaders of St. Patrick’s) who, during my absence or incapacity, shall be authorized to consent to all medical and/or surgical treatment and/or special procedures (including, by way of illustration and not limitation, administration of anesthesia, blood transfusion, diagnostic tests, etc.), which may be required for the Participant. Without in any manner limiting the foregoing appointment and authorization, if circumstances permit, I would like to have the Participant’s physician consulted in connection with such medical and/or surgical treatment and/or special procedures. I acknowledge that I am solely responsible for any medical or other costs arising from any medical treatment and related transportation rendered to the Participant during this activity, and agree to indemnify and hold St. Patrick’s harmless for any such costs.

Signature

Date

Signature

Date