

THE CHURCH OF THE GOOD SHEPHERD



**YOUTH ACTIVITY PARENT CONSENT and
EMERGENCY MEDICAL RELEASE FORM
(required for School-year 2019-2020 activities)**

Name of Student: _____ Date of Birth: _____

Address : _____

Event: **Church of the Good Shepherd Student Ministries, Fall Semester**
Date(s) of Event: **Aug 25, 2019 – Aug 23, 2020**

Mode of Transportation: Volunteer Driver Bus/Van Airplane

Emergency Medical Release (to be completed by parent or guardian)

My son/daughter, _____, has my permission to participate in the activity listed above, sponsored by The Church of the Good Shepherd, being held on the date listed above. I do further give my permission to teachers, leaders, or other adult staff to obtain and administer such medical aid as might be required for the immediate care of my son/daughter in the event such help of an emergency nature becomes necessary. I also give my permission to include the administration of such medicines or treatment as might be ordered or administered by a duly licensed physician. It is further understood that the church, its officers, pastors, counselors, leaders, or agents will not be held liable for any first-aid rendered, or treatment, drugs, or medicines administered, or surgical procedure performed pursuant to this consent.

My son/daughter is allergic to the following: _____

My son/daughter has the following medical conditions: _____

Parent/Guardian Medical Insurance Company Name: _____

Medical Insurance Policy Number: _____

Parent/Guardian Name: _____

Telephone numbers where you can be reached: _____

Alternate emergency contact person and telephone number if you are unavailable: _____

Photography Release:

"I give permission for photographs in which my child(ren) appear to be used for publications and public relations activities by The Church of the Good Shepherd. This may include use in print, electronic media, and social media, including the internet."

Parent/Guardian signature: _____ Date: _____