

# Parental Permission & Medical Authorization

## ST. MARK'S EPISCOPAL CHURCH

This form will be kept on file and will accompany your child on off-campus outings and mission trips. This form is necessary should we need to contact you during Children and Youth Formation activities. No child will be allowed to participate without this form being completed and signed by the parent or guardian. The information on this form is considered confidential.

### CHILD'S NAME:

Home Address:

Child's Date of Birth:

List allergies (ex: drugs, foods, plants, insects)

Is your child a Good  Fair  Non-Swimmer

Does your child wear glasses or contacts? Yes  No  Date of last tetanus shot: \_\_\_\_\_

List conditions requiring special consideration (medical/physical). Include over-the-counter medications your child MAY NOT take:

Does your child require: (A) **Epipen** Yes  No  (B) **Inhaler** Yes  No

List any type of medication currently being taken and time of administration:

**PRIMARY GUARDIAN OR CONTACT NAME:** Relationship to Child:

Cell Phone #: Work Phone #: Home Phone #:

**SECONDARY GUARDIAN OR CONTACT NAME:** Relationship to Child:

Cell Phone #: Work Phone #: Home Phone #:

Child's Physician: Phone #:

Child's Dentist: Phone #:

**TO ANY DOCTOR OR HOSPITAL:** I hereby authorize the release of my child's pertinent medical information to the appropriate professional staff. I give permission to the physician or hospital to secure treatment for him/her and to order medications, injections, anesthesia, or surgery for my child, as named above, in case of emergency. The signature below constitutes authorization to perform any necessary treatment for my child during this field trip.

### HEALTH & DENTAL INSURANCE INFORMATION:

Provider: Policy #: Group #:

Provider: Policy #: Group #:

**PARENT/GUARDIAN NAME:** Date:

(PLEASE PRINT)

**PARENT/GUARDIAN SIGNATURE:**



ST. MARK'S EPISCOPAL CHURCH

## Parental Permission & Medical Authorization

**Participant Name:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

I give permission for my child (named above) to attend on and off campus classes or events, service projects, and mission trips associated with St. Mark's Episcopal Church of Houston, TX. I further give permission for my child to be transported to and from events by hired and volunteer drivers authorized by St. Mark's Episcopal Church of Houston, TX.

### Medical Release

I hereby authorize the Christian Formation leaders and staff, St. Mark's Episcopal Church, The Episcopal Diocese of Texas, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and provide all medical or dental care, routine tests, treatment, and necessary transportation advisable for the health and safety of my child. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act for my child.

### Custody Release

I further authorize the Children's and Youth Formation leaders of St. Mark's Episcopal Church of Houston, TX to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to said adult.

### Activity Release

I further give permission for my child to participate in all supervised activities except as noted:

\_\_\_\_\_

### Photo Release

I further give permission for any photo and video taken of my child to be used in St. Mark's Episcopal Church of Houston, TX promotional materials (print and online). Yes  No

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
**Printed Name of Parent or Guardian**

\_\_\_\_\_  
**Date**