

**Child / Youth Permission & Medical Release Form**  
 St. Paul's Episcopal Church – 510 W. Main St. – Franklin TN 37064

Event:			Effective Date/s:		
Child / Youth Name:					
Last		First		Middle	
Gender: M or F	Age:	Date of birth:	Grade in School:		
Medical Insurance Co:			Policy #:		Group #:
Physician / Phone:			Dentist / Phone		
We will first attempt to contact Parent(s)/Guardian(s) Name(s):			Emergency Phone #:		
			Home Phone #:		
			Cell Phone #:		
			e-mail:		
Address:			City/State/Zip:		
If unable to reach Parent/Guardian,we will attempt to contact the Emergency Contact:			Emergency Contact Phone #:		
			Home Phone #:		
			Cell Phone #:		
			e-mail:		
Relationship			Address:		
			City/State/Zip:		

**MEDICAL HISTORY** Describe in detail on the back of this form the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which this participant is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Note any of the following:

**1. Names of medications and dosages that must be taken:**

**2. Dietary restrictions or food allergies:**

**3. Allergies to:** Pollens medications food insect bites other(list): \_\_\_\_\_

If there is an exposure, what should be done? \_\_\_\_\_

**4. Does participant suffer from, or has ever experienced, or is being treated currently for any of the following (Describe on back):**

Asthma Epilepsy/seizures Diabetes Physical handicap Heart trouble Frequently upset stomach Other \_\_\_\_\_

**5. Date of last tetanus shot:** \_\_\_\_\_

**6. Does participant wear?** glasses contact lenses

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**Permission (if under 18):** *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing.* The above named child/student has my permission to attend this event sponsored by the St. Paul's Episcopal Church, Franklin TN. I have read the rules and expectations of conduct and understand that my child will not be allowed to continue in and will immediately become my responsibility if any of these expectations for conduct are not met.

**Legal Parent/guardian initial here:** \_\_\_\_\_

**Media and Photo Release:** The participant agrees to grant St. Paul's Episcopal Church, Franklin TN, permission to record on film their participation at this event and further agrees that any or all material recorded may be used, in any form, as part of any future production made by the Church and that such use shall be without payment of fees, royalties, special credit, or other compensation. This form is valid until such time that it is revoked by the undersigned.

**Legal Parent/guardian initial here:** \_\_\_\_\_

**Medical Release** I give permission for medical attention deemed necessary by the program leaders, and hereby release St. Paul's Episcopal Church, Franklin TN, and its staff of any liability against personal losses of the above named child. I release St. Paul's Episcopal Church, Franklin TN, its clergy, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. If treatment is required from a physician and/or hospital personnel designated by the Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care not reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for the participant named above. I also agree to bring my child home at my own expense should he/she become ill or if deemed necessary by the program's leaders.

**Legal Parent/guardian signature:** \_\_\_\_\_ **Legal Parent/guardian initial here:** \_\_\_\_\_

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

**MEDICAL HISTORY--Additional information:**

**Parent(s) / guardian(s) initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EXCLUDED ACTIVITIES—My child is not to participate in the following types of activities:**

**Parent(s) / guardian(s) initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_