

**CHURCH OF THE EPIPHANY 2011-2012
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

PARTICIPANT'S NAME: _____

BIRTH DATE: _____ AGE: _____ GRADE: _____ SCHOOL: _____

PARENT/GUARDIAN'S NAME: _____

ADDRESS/CITY/STATE/ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

In the event of an emergency and if you are unable to reach me at the above numbers, please contact:

NAME/RELATIONSHIP: _____ PHONE: _____

CELL: _____

I, (name of parent or guardian) _____, grant permission for my child, _____ to participate in **ALL YOUTH MINISTRY ACTIVITIES** from **JUNE 2011-JULY 2012**, sponsored by the Church of the Epiphany Youth Ministry Program (914 Old Harrods Creek Rd., Louisville, KY 40223).

In the event of an emergency, I authorize an adult, in whose care the minor has been entrusted to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any licensed physician or licensed dentist on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for my child to return home due to medical reasons or otherwise, the undersigned shall assume responsibility for transportation and/or incurred transportation costs.

The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the Church of the Epiphany Youth Ministry Program. I will not hold the Archdiocese of Louisville, Church of the Epiphany, youth minister, or chaperones associated with the event responsible in the event of injury.

INSURANCE COMPANY: _____

POLICY NUMBER: _____

PARENT/GUARDIAN'S SIGNATURE: _____ DATE: _____

Please list any allergies or special medical problems your child may have: _____

Date of Last Tetanus Shot: _____

Y N I give permission to administer over the counter medication (Tylenol, cold medicine, etc).

Y N I give permission for my child to have their picture taken and posted on Epiphany's website.

Y N I give permission for my child to have their picture taken and posted on an Epiphany bulletin board.

Y N I give permission for my child to have their picture taken and used in publication.