

INSURANCE INFORMATION

Name of Participant: _____

Policy Name: _____ Policy # _____ Group # _____

Insurance Company _____

Address of Company _____

City, State, Zip _____

Name of Policy Holder _____

Policy Holder Address _____

PERMISSION AND MEDICAL RELEASE

My child, _____, has my permission to attend and participate in _____ sponsored by All Saints' Episcopal Church Sr. EYC. I represent that my child is healthy and capable of participation in said event without causing risk of danger, illness, or accident to him or herself, or to others.

I agree to hold harmless the church, the leaders of my church, coordinators, the Bishop of Mississippi and the Diocese of Mississippi in the event of any accident of injury.

I declare that my child is covered by medical insurance and/or that I am responsible for any and all expenses incurred by my child whether covered by insurance or not. PLEASE NOTE THAT ALL SAINTS' EPISCOPAL CHURCH DOES **NOT** PROVIDE INSURANCE IN CASE OF INJURY OR ILLNESS.

In the event that my child requires medical or dental attention while attending the event, I understand that an adult sponsor of the event will make every reasonable attempt to contact me. In the event that I cannot be reached, I consent to any medical attention deemed appropriate. In the event treatment is called for, which the medical provider refuses to administer without consent, I hereby authorize an adult sponsor to give such consent for me if I cannot be contacted immediately, or, because of an emergency, there is no time or opportunity to make contact. In the event it is necessary for that person to give consent, I agree to hold such person free and harmless of any liability for damages arising from giving such consent.

Custodial Parent/Guardian's Full Name: _____

Relationship to Participant: _____

Address: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Signature: _____