



Episcopal Diocese of Pennsylvania, Youth Ministry Office

240 SOUTH FOURTH STREET, PHILADELPHIA, PA 19106

**MEDICAL RELEASE FORM *YOUTH AND ADULT PARTICIPANTS*
For Parish & Diocesan Single-Day/Weekend Youth Events & Activities**

The information that is provided by this form is gathered to assist us in identifying the appropriate care, in the case of a medical emergency, for those who attend Parish or Diocesan Youth Ministry events & activities. This form should be completed and signed by *all* participants, both youth and their adult chaperones, attending Parish or Diocesan Youth Ministry events & activities. When this form is completed for youth (under the age of 18) a parent/guardian signature is required or this form is invalid. Those representing Parish or Diocesan Youth Ministry in an official capacity at all events have the right to refuse any attendees who do not provide this information before or during registration for a particular event or activity.

Diocesan Safe Church policy recommends that one adult attendee, acting as chaperone, be present per every five youth at all times during Youth Ministry events & activities. This adult chaperone *must* be of the *same* sex as the group of youth. And so, if there is a mixture of youth of *both* sexes in a particular group then there *must* also be adult chaperone attendees of *both* sexes present with that group at *all* times during Parish or Diocesan Youth Ministry events & activities. Those representing Parish or Diocesan Youth Ministries in an official capacity at all events have the right to refuse any attendees who do not provide the proper number of adult chaperones for a diocesan sponsored event or activity.

PARTICIPANT INFORMATION:

Please Print Legibly

FIRST AND LAST NAME _____ NAME YOU GO BY _____

DATE OF BIRTH ____/____/____ AGE ____ GRADE (circle one) 4 5 6 7 8 9 10 11 12 GENDER: Male Female
Month Day Year

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE NUMBER _____
(Please list an email address that is checked regularly)

EMERGENCY CONTACT NAME _____

RELATION _____ EMERGENCY CONTACT TEL.#(_____) _____

SECONDARY CONTACT TEL.# (CELL PHONE, WORK, ETC) (_____) _____

INSURANCE INFORMATION: IS THE PARTICPANT COVERED BY FAMILY MEDICAL/HOSPITAL INSURANCE? _____

IF SO, INDICATE CARRIER or PLAN NAME _____ GROUP # _____

CARRIER ADDRESS _____ PHONE # _____

NAME OF INSURED _____

SOCIAL SECURITY # OF POLICY HOLDER or INSURANCE ID NUMBER _____

ALLERGIES
(Food, Medication, Insects, etc.) _____

INDICATE ANY OTHER KNOWN MEDICAL CONDITION THAT WE SHOULD BE AWARE
(Seizures, Diabetes, Low Blood Sugar, Heart Problems, Asthma, Etc.) _____

In the case of a medical emergency, I give permission to have my child/myself to be evaluated and treated by qualified medical personnel. I understand that every attempt will be made to notify me/others identified by the information provided by me on this document in such an event. The adults in charge have my permission to authorize any further medical care, which in their judgment, they deem necessary and to sign any medical forms necessary on (my child's/my) behalf. This form is good for one year from the date below and may be kept on file at my parish for all Parish & Diocesan single-day/weekend youth events & activities. A copy of this document should be brought to every Parish or Diocesan Youth Ministry event or activity by the adult chaperones for each group. Phone: 215/627-6434 x120; Fax: 215/627-7550; Email SusannahH@diopa.org www.diopa.org.

SIGNATURE _____ RELATIONSHIP _____ DATE _____
(CUSTODIAL PARENT/GUARDIAN SIGNATURE (FOR ALL YOUTH UNDER 18 YEARS OF AGE))