

**CHURCH OF THE REDEEMER  
CHILDREN & YOUTH ANNUAL MEDICAL RELEASE FORM  
2019/2020**

Participant's Name \_\_\_\_\_

Sex \_\_\_\_\_ Date of birth \_\_\_\_\_ Grade in School \_\_\_\_\_

Today's date \_\_\_\_\_ Redeemer Parish Member      Yes      No

Home Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policyholder's Name \_\_\_\_\_

Group/Policy Number \_\_\_\_\_

Family Physician \_\_\_\_\_

**IN CASE OF EMERGENCY PLEASE CONTACT** \_\_\_\_\_

Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**MEDICAL INFORMATION:**

Does your son/daughter have any allergies? \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please list:

Is he/she presently taking any medications? \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please list:

Is there any other physical or emotional condition of which we need to be aware?  
Please explain.

In the event of an emergency, I give authority to the accompanying adults to authorize treatment. I understand that an attempt to notify me will be made before any treatment is authorized.

\_\_\_\_\_  
**Parent /Guardian Signature**

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

PLEASE NOTIFY NANCY CROSBY AT **746-4911 x2211** IF THE INFORMATION ON THIS FORM CHANGES. All forms will be shredded after August 31, 2020.

# PARENT/GUARDIAN CONSENT FORM AND LIABILITY WAIVER ELEMENTARY & YOUTH PROGRAMS 2019-2020

**PARISH**      Church of the Redeemer

**PARTICIPANT'S NAME** \_\_\_\_\_

**Sex** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**PARENT/GUARDIAN'S NAME** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home #** \_\_\_\_\_ **Work #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child \_\_\_\_\_ to participate in religious education and youth ministry events at the parish from June 1, 2019 - Aug. 31, 2020, including but not limited to formation classes and Vacation Bible School.

I understand that these events will take place under the guidance and direction of parish employees and/or volunteers. A separate form will be provided for off-site events.

As parent/legal guardian, I remain legally responsible for any personal action taken by my child. I agree to hold harmless Church of the Redeemer and the Diocese of Richmond as well as its officers, directors, agents, chaperons, or representatives associated with these events, arising from or in connection with my child attending the event, including but not limited to accidents, emergencies, or exposure to reckless conduct of persons.

**PARENT/GUARDIAN SIGNATURE:**

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

**PHOTO RELEASE:** Occasionally, photos of events may appear on the church website and/or in printed materials such as the parish newsletter. No identifying information will accompany the images.

I grant permission to Church of the Redeemer to photograph my child and use his/her picture, silhouette, or other reproductions of physical likeness in connection with publications (i.e. newsletters, website, brochures), videotapes or news releases of Church of the Redeemer.

\_\_\_\_\_ **Yes**                      \_\_\_\_\_ **No**

**PARENT/GUARDIAN SIGNATURE:**

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