

Medical Authorization Form

Event/Group Name _____

Sponsored by (church and city) _____

Participant's name: _____ Date of Birth ____/____/____ Sex _____

Street Address _____ Youth: Age _____ Grade _____

City _____ State _____ Zip _____ Adult: _____

Home Phone () _____ Cell Phone () _____

Allergies / special health concerns / medications / dietary needs:

Date of last tetanus shot: ____/____/____

Surgery or Serious Illness History _____

Physician's Name _____ Physician's Phone () _____

Insurance Company _____ Insured's Name _____

Policy Number _____ ID Number: _____

Parents: My child may participate in the above stated event/group, including travel during the event via church vehicle or automobile driven by an adult chaperone/leader who is age 21 or older with a valid driver's license. I give permission for my child/myself to receive emergency medical care if necessary. I give the adult chaperones/leaders the authority to act on my behalf with respect to my child's/my own health and safety while at the event, with the understanding that I/emergency contact listed above will be contacted as soon as possible should the need arise. I accept full responsibility for any expenses for medical treatment for my child/myself. I release _____ Church and its representatives from liability in the event of accidental injury or illness.

Effective Dates: From _____ to _____. Date _____ (6 months)
Signed _____
(Parent/guardian or adult participant age 21 or over)
Print _____

Effective Dates: From _____ to _____. Date _____ (6 months)
Signed _____
(Parent/guardian or adult participant age 21 or over)
Print _____

Emergency phone numbers: () _____ - _____ () _____ - _____

PYM Youth Day of Service Registration Form

October 30, 2010- 10:00 a.m.-2:00 p.m. ♦ St. Stephen's, Culpeper
Adults and youth must register.

Please give this form to your youth advisor with the check. Youth must be accompanied by an adult.

Name: _____
Address: _____
City/State/Zip: _____
E-Mail: _____
Church name and location: _____
Home phone: (____) _____
Date of birth: _____
Grade in school: _____
Date of last Tetanus: _____
Gender _____ T-shirt size: (Please Circle) small medium large
Name of accompanying adult: _____
Any special physical or dietary needs _____

Make check payable to the Diocese of Virginia.

The Diocese of Virginia
Attn: Program Office, c/o Kathlyn Jones
110 West Franklin St.
Richmond, VA, 23220-5095.

The event is \$15 for ALL participants. This includes the service project and lunch. Scholarships are available as needed.

Registration will be cut off on October 27. No late registrations will be accepted.

Adult Advisors: Please send a list of the youth for whom you will be responsible at this event along with your registration.

I understand that pictures and videos are taken at Diocesan events. I hereby *(please mark one)* give do not give permission for the use of such pictures and videos of my camper for the promotion of Parish Youth Ministry. Your child's name will not appear in connection with a picture or video.

Medical Release Form for Minors

To be printed out and signed

I hereby give my permission for my child to attend the Diocese of Virginia's Senior High Weekend at Shrine Mont, and in the event of an accident or illness, to receive emergency medical treatment as deemed necessary by a licensed physician.

Signature (to be signed by parent/guardian of all conference participants)

home _____ cell _____ work _____

Contact numbers for parent(s)

Insurance company and policy number _____

Emergency contact _____

home _____ cell _____ work _____