| CHILD/YOUTH INFORMATION & RELEASE FORM |
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| Episcopal Church of the Heavenly Rest, Abilene, TX |

| Name: | Age: Grade: | | | | |
|------------------------------------|--------------------------|--|--|--|--|
| Address: | City/State/Zip: | | | | |
| Gender: | Date of Birth:// | | | | |
| Church You Attend: | School: | | | | |
| PARENT/GUARDIAN INFORMATION | | | | | |
| Name: | Address (if different): | | | | |
| Cell/Other Phone: | Work Phone: | | | | |
| Name: | Address (if different): | | | | |
| Cell/Other Phone: | Work Phone: | | | | |
| Family email(s): | | | | | |
| Name of another adult to whom chil | d/youth may be released: | | | | |
| Telephone: | Relationship to Child: | | | | |
| Physician's Name: | Phone: | | | | |
| MEDICATION ROUTINELY TAK | EN: | | | | |
| MEDICATION THAT <u>CANNOT B</u> | E TAKEN: | | | | |
| Allergies: | | | | | |
| | lietary needs: | | | | |
| Insurance Company: | Phone: | | | | |
| Name of Insured: | | | | | |
| Group Number: Policy Number: | | | | | |
| Date of Last Tetanus Shot: | | | | | |

(Continued on other Side)

AUTHORIZATION FOR PARTICIPATION:

I hereby give my permission for my child, ________, to participate in all child/youth activities sponsored by Episcopal Church of the Heavenly Rest, Abilene, TX. I expect that all responsible leaders and sponsors will take REASONABLE PRECAUTION TO ENSURE THE SAFETY of my child during church-sponsored activities, and I ABSOLVE any and all staff, leaders and sponsors and Episcopal Church of the Heavenly Rest, Abilene, TX OF ANY LIABILITY for any accident or illness which might occur during the course of such activities.

AUTHORIZATION FOR TRANSPORTATION:

I give permission for my child to participate in occasional activities and field trips away from the church property, with prior notification. I hereby give my permission for adult leaders and other authorized volunteers to transport my child. I understand that all drivers will be licensed, at least age 25, and that the church will have a current copy of the driver's license and insurance on file. All adults, youth and children will wear seat belts, and no child 12 years or under will ride in the front seat.

AUTHORIZATION FOR PHOTO/VIDEO PUBLICATION:

I give permission for my child's image to be published in print and/or online, without names.

AUTHORIZATION FOR TREATMENT:

I hereby give my permission for any responsible staff, leaders or sponsors to administer first aid to my child if necessary, or to seek additional medical attention including tests, surgery, etc. as necessary in a medical emergency. I agree to pay all costs and expenses incurred in connection with such medical services rendered to my child. Attempts to contact the parent or guardian will be made as soon as possible following the emergency.

FAMILIES of YOUTH Grades 6-12

ECHR requests your permission to contact your YOUTH via digital communication. Staff and volunteers will only use digital forms of communication for appropriate ministry related conversation and all persons will be required to follow the safeguarding policy at all times. Please select the boxes below to give permission for the particular form of communication:

| Text Message | Youth Cell #: | |
|--------------|---------------|--|
| E-mail | Youth E-mail: | |

** An adult family member will be included in all email and text messages with youth.

Adult Cell #:_____ & E-mail:_____

***I understand that it is MY RESPONSIBILITY TO NOTIFY ALL ADULT LEADERS OF ANY AND ALL CHANGES IN THE INFORMATION PROVIDED concerning my child, and to UPDATE THIS FORM AS NEEDED.