

## Episcopal Diocese of Maryland Parental Consent Form

**Event Contact:**

Kate Riley

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Phone: 1-800-443-1399

Event Name/Description: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Start Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

Full Name of Participant: \_\_\_\_\_

DOB & Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Youth Mobile #: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Parish Name: \_\_\_\_\_ Location: \_\_\_\_\_

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

Parent/Guardian Mobile #: \_\_\_\_\_ Work/Home #: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Primary Insured: \_\_\_\_\_ Relationship: \_\_\_\_\_

Group/Plan #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Special Needs (allergies, physical/dietary, medication): \_\_\_\_\_

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**Consent/Waiver/Release** Please check boxes:

- You may use photographs of my child for promotional purposes
- My child may attend and participate in the activities of this event.
- My child may ride in any vehicle designated by the adult(s) in whose care this minor has been entrusted while attending and participating in this event.
- I understand the general guidelines of behavior — that my child must respect and obey all instructions of supervising adults and no alcohol, tobacco, illegal drugs, weapons, sexual

activity or misconduct will be tolerated during this event — and that supervising adults have the right to reasonably enforce all established rules of conduct.

- I will assume all transportation costs for my child if problems occur during this event and they must be sent home. I will take no civil or legal action against the supervising adults for the normal care of the minor in their charge.
- I am aware that the *Standards of Behavior for Child-& Youth-Related Programs* is available for me to review at [www.youth.episcopalmaryland.org](http://www.youth.episcopalmaryland.org)
- I understand that every effort will be made to contact me in the event of any accident or injury to my child. In the event I cannot be reached, I hereby authorize any supervising adult, in whose care this minor has been entrusted, to consent to whatever medical or surgical treatment may be necessary or advisable by the physician or nurse treating such injuries. I understand that I am responsible for the cost of all medical treatment that is administered.

**Signatures**

Participant Printed Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

	Dosage at Times to be Given					
Medication Name	Pre-Brkfast	Brkfast	Lunch	Dinner	Night	As Needed