



The Episcopal Diocese of Spokane

I hereby give permission for my child _____
To participate in all activities related to the Youth Group sponsored by The Episcopal Diocese of Spokane. The Youth Group will meet from July 3, 2009 to July 30, 2010, at Diocesan Churches and for various field trips, retreats and the annual mission trip. Participation in this event gives the Diocese of Spokane permission for your/your child's picture and/or name to be published in the Inland Episcopalian or the Diocesan Website. I acknowledge that although the Diocese does not authorize the use of pictures and names by others, it also cannot guarantee that further dissemination will not occur. I understand my youth will be carpooling with youth leaders and / or riding buses on various occasions. I hereby release The Episcopal Diocese of Spokane, its staff and adult chaperones from any and all responsibility and liability for any injury or illness my child may sustain during this activity.

My child is allergic to: _____

Medicine my child needs to take: _____

My child has the following medical conditions: _____

In case of an emergency and / or the inability to reach me, I give my permission for my child to receive medical treatment.

Name of Doctor: _____

Doctor's Phone Number: _____

Hospital for treatment: _____

Insurance Carrier and info: _____

Parent / Guardian name: _____

Contact number: _____ Date: _____

Cell Phone number: _____

Other info we may need to know: _____

Parent Signature _____