

# Youth Group Information Form

GOOD SHEPHERD EPISCOPAL CHURCH, TEQUESTA FL

Service - Worship - Education - Evangelism - Play - Short-term Mission

**GRADES 6-8: Junior Youth ♦ GRADES 9-12: Senior Youth**

## Youth Information

Name: \_\_\_\_\_

B'day: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

E-mail: \_\_\_\_\_

Cell #: \_\_\_\_\_

## Parent/Guardian Information

Name: \_\_\_\_\_

Rel'n: \_\_\_\_\_

E-mail: \_\_\_\_\_

Cell #: \_\_\_\_\_

Name: \_\_\_\_\_

Rel'n: \_\_\_\_\_

E-mail: \_\_\_\_\_

Cell #: \_\_\_\_\_

## Address

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

City, State, Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

## Other / Emergency Contact Information

Name: \_\_\_\_\_

Rel'n: \_\_\_\_\_

Cell #: \_\_\_\_\_

See Medical Authorization form on reverse

# Acknowledgment & Medical Authorization

## Youth Medical Information

Name: \_\_\_\_\_ has the following:

- allergies: \_\_\_\_\_
- daily medications: \_\_\_\_\_
- medical issues: \_\_\_\_\_
- dietary restrictions: \_\_\_\_\_

Year of last tetanus shot: \_\_\_\_\_

## Physician / Medical Practice Information

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

## Medical Insurance Information

Company: \_\_\_\_\_ Mmbr#: \_\_\_\_\_

I/we, the undersigned parent(s) or guardian(s) of the above do hereby grant permission for my child to travel to and participate in the various functions of Good Shepherd Episcopal Church Youth Group occurring throughout the United States and abroad from August 1, 2018 – July 31, 2019. Included in this authorization is the understanding that my child may travel in a vehicle either owned or rented by Good Shepherd Episcopal Church or donated to the Church for some specific function, provided that a responsible adult will drive this vehicle.

During the effective dates of this document, authority is granted to Good Shepherd or its designee, to seek and authorize appropriate medical treatment, procedures and medication on behalf of the child as may be required by the circumstances, including, but not limited to medical doctors, medication and/or hospital visits. Prior to authorizing any medical treatment, procedures or medication, Ian Anderson, Youth Minister, or his designee, must make reasonable efforts to contact me at the phone numbers listed on the Youth Group Information Form (reverse).

By our signature(s) below, I/We hereby release and hold harmless The Episcopal Church of the Good Shepherd of Tequesta, Inc., The Diocese of Southeast Florida, and the youth event leader(s) from all liability to my child while attending church-sponsored activities. I/we acknowledge the fact that the Church and the Diocese of Southeast Florida do not carry a student accident policy on my child. Therefore I/we the parent(s) or guardian(s) must provide my/our own medical insurance.

Name: \_\_\_\_\_ Rel'n: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Rel'n: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_