

ACKNOWLEDGEMENT AND MEDICAL AUTHORIZATION
HOLY TRINITY EPISCOPAL CHURCH

211 TrinityPlace, West Palm Beach, FL 33401 - (561) 655-8650

I/we, the undersigned parent(s) or guardian(s) of _____, do hereby grant permission for my child to travel to and participate in the various functions of Holy Trinity Episcopal Church EYC 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 Holy Trinity 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 Holy Trinity 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, Julie Bird Winchester, or her designee, must make reasonable efforts to contact me at the phone numbers listed below.

By our signature(s) below, I/We hereby release and hold harmless Holy Trinity Episcopal Church, 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 and provide the necessary information on this form.

MEDICAL INFORMATION

To be completed by parent(s) or guardian(s). Please type or print clearly all information (both parents or guardian must sign).

Physician's Name _____ Phone _____

Insurance Co. _____ Policy/Membership # _____

My child has had a tetanus immunization in the last 10 years: YES NO

My child is allergic to the following medications:

My child is presently on the following medications:

My child has the following special medical problems, which might require the following treatments:

Signature(s) of Parent(s) or guardian(s): _____

Date signed: _____

Please print your name(s): _____

Address _____

City _____ State/Zip _____

Attempt to contact me at these phone numbers: Home: _____

Cell: _____ Other: _____