

✠ All Saints' Episcopal Church ✠

1322 Kimball Avenue, Richland WA 99354, (509) 943-1169

Medical and Photo Release Form

_____ has permission to participate in activities sponsored by the Parish of All Saints' Episcopal Church, Richland, Washington. These activities will be under the direction and supervision of one or more adult leaders, sponsors, or chaperones approved by the Church. I give permission for any photographs taken during these activities to be used by All Saints' for promotional purposes, including appearing on the website.

In case of medical emergency, if I/we cannot be reached, permission is hereby given to seek appropriate medical attention and to hold harmless All Saints' Parish and any staff, adult leaders, or chaperones.

Parent or Guardian signature

Date

Child's birth date: _____

Please list the following, to be used in an emergency:

Medical insurance carried: _____

Name of policy holder: _____ Policy number: _____

Child's doctor: _____ Telephone: _____

Hospital preference: _____

Known allergies: _____

Other medical conditions: _____

Emergency Contact Information:

Parent or Guardian Name

Phone (home)

Phone (cell or work)

Parent or Guardian Name

Phone (home)

Phone (cell or work)

Other Contact Name

Phone

Relationship to child

This release form will remain in effect for one year from the above-signed date.