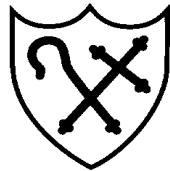


# THE CHURCH OF THE GOOD SHEPHERD



## YOUTH ACTIVITY PARENT CONSENT and EMERGENCY MEDICAL RELEASE FORM (required for School-year 2021-2022 activities)

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Event: **Church of the Good Shepherd Student Ministries, Fall Semester**  
Date(s) of Event: **Sept. 1, 2021 - Aug 31, 2022**

Mode of Transportation: Volunteer Driver      Bus/Van      Airplane

### **Emergency Medical Release** (to be completed by parent or guardian)

My son/daughter, \_\_\_\_\_, has my permission to participate in the activity listed above, sponsored by The Church of the Good Shepherd, being held on the date listed above. I do further give my permission to teachers, leaders, or other adult staff to obtain and administer such medical aid as might be required for the immediate care of my son/daughter in the event such help of an emergency nature becomes necessary. I also give my permission to include the administration of such medicines or treatment as might be ordered or administered by a duly licensed physician. It is further understood that the church, its officers, pastors, counselors, leaders, or agents will not be held liable for any first-aid rendered, or treatment, drugs, or medicines administered, or surgical procedure performed pursuant to this consent.

My son/daughter is allergic to the following: \_\_\_\_\_

My son/daughter has the following medical conditions: \_\_\_\_\_

Parent/Guardian Medical Insurance Company Name: \_\_\_\_\_

Medical Insurance Policy Number: \_\_\_\_\_

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

Telephone numbers where you can be reached: \_\_\_\_\_

Alternate emergency contact person and telephone number if you are unavailable: \_\_\_\_\_  
\_\_\_\_\_

### **Photography Release:**

"I give permission for photographs in which my child(ren) appear to be used for publications and  
 public relations activities by The Church of the Good Shepherd. This may include use in print,  
electronic media, and social media, including the internet."

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_