

Episcopal Diocese of Bethlehem
Bishop's Day with Kids 2007
Narnia --: The Lion, the Bishop, and the Wardrobe
CHILDREN'S MEDICAL RELEASE FORM

Please print and leave no spaces blank.

PLEASE NOTE: THIS FORM MUST BE COMPLETED BEFORE CHILDREN CAN ATTEND THIS EVENT.

Child Name: _____ Age: _____

Address: _____ Phone: () _____

City/State/Zip: _____

Parish/City: _____

Social Security No: _____

Family Physician Name: _____ Phone: () _____

Insurance Carrier: _____

ID No: _____ Group No: _____

Name of Primary Insured: _____

In case of emergency, please notify:

Name: _____ Relationship: _____

Address: _____ Phone: () _____

City/State/Zip: _____

Allergies: Food, Drug, or Environmental: _____

Please list all medications taken regularly, any dietary restrictions or physical limitations:

Does your child have any other known medical conditions we should be aware of?

(such as asthma, diabetes, low blood sugar, seizures, etc.) _____ Yes _____ No

If "yes", please explain (list any special medications)

I give permission for my child to attend the Episcopal Diocese of Bethlehem "Narnia." In case of illness or accident, I give permission to have my child evaluated and treated by available medical personnel. I understand a reasonable attempt will be made to notify me in such an event. I also understand that no obligation or responsibility in regard to rendering treatment or medication is assumed or undertaken as a consequence of this activity; notwithstanding, the adults in charge have permission to authorize any medical care, which in their judgment, they deem necessary and to sign any medical forms necessary on my child's behalf and I do hereby release the Episcopal Diocese of Bethlehem, my parish, and all persons connected therewith from any liability, claim and expense related to any such condition, circumstance or treatment.

Parent/Guardian Signature