

# September 2008-September 2009

## Good SamYouth Parental Consent & Health Release Form

Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_ Email address: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian to be contacted in case of emergency:

Father – Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Mother – Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Grandparents / next of kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Local Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Company's Emergency Phone #: \_\_\_\_\_

Physician (referring doctor): \_\_\_\_\_ Phone #: \_\_\_\_\_

### Other pertinent insurance information:

Please provide any significant medical history or other pertinent information that will be useful or necessary during the course of the program or in an emergency. This information is confidential; please be as complete as possible.

Any known allergies, including allergies to medication:

Prescription medications to be taken regularly  
(parents, for each prescription, please send a  
written note with dispensing instructions):

Dietary restrictions, whether for medical or other reasons:

Date of most recent tetanus booster: \_\_\_\_\_

I Do Do Not give permission  
for my child's photo, phone number,  
address, and email address to be included  
in a Good SamYouth directory/year-book.  
Comments or clarifications:

\_\_\_\_\_  
Signature of parent/guardian

I understand that it is the policy of Good Samaritan to prohibit the use of illegal drugs and alcohol during camps/ mission trips, and youth group events. The Good Samaritan leaders have my permission to send my child home at MY EXPENSE for any behavior deemed exceedingly disruptive to the group or program. I have discussed these issues with my child and we are aware of the consequences and are willing to comply as stated.

In the event of illness, injury or other emergency involving my child, I understand that every effort will be made to contact me. If time is of the essence, or if I cannot be reached, I hereby give The Church of the Good Samaritan, its clergy, employees and staff, permission to act on my behalf to secure medical treatment as necessary, including, but not limited to, medical attention, anesthesia, surgery and hospitalization, as the attending nurse or physician may prescribe. I understand that it is my responsibility to pay for any medical services required by my child while at the Good Samaritan program. I absolve Good Samaritan from liability in acting on my behalf in this regard so long as they are not grossly negligent.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date