

PERMISSION SLIP DIOCESAN YOUTH CHORAL FESTIVAL – February 6, 2016

Participant's Name _____ Goes by (name) _____

Date of birth _____ Age _____ Grade _____

Church Name and City _____

Home Address _____

City _____ Zip _____

Home Phone # _____ E-mail _____

Parent/Guardian Work Phone _____ Parent/Guardian Cell Phone _____

If unavailable in emergency, notify _____ Phone # _____

Allergies to medication and reaction _____

Other allergies _____

Insurance Co. _____

Policy # _____ Group # _____

Insurance Company Phone # _____

My child (*print name*) _____ has my permission to attend and to participate in Episcopal Diocese of Texas Children's Choral Festival, February 6, 2016, sponsored by the Episcopal Diocese of Texas Music Commission. I represent that my child is healthy and capable of participating in said event without causing risk of danger, illness or accident to him/herself, or to others. I agree to hold harmless the leaders of my church, the leaders of other churches involved, the event coordinators, the Bishop of Texas, and Diocese of Texas in the event of any accident or injury.

In the event that my child requires medical attention while attending the event, I understand that an adult sponsor of the event will make every reasonable attempt to contact me. In the event that I cannot be contacted, I consent to any medical attention deemed appropriate. In the event that treatment is called for, which the medical provider refuses to administer without consent, I hereby authorize an adult sponsor to give such consent for me if I cannot be contacted immediately or, because of an emergency, there is no time or opportunity to make contact. In the event that it is necessary for that person to give consent, I agree to hold such person free and harmless of any liability for damages arising from giving such consent.

I declare that my child is covered by medical insurance and/or that I am responsible for any and all expenses incurred by my child whether covered under insurance or not.

(NOTE: THE SPONSORS OF THIS EVENT DO NOT PROVIDE INSURANCE IN CASE OF INJURY OR ILLNESS.

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Custodial Parent or Legal Guardian
Signature: _____ Date) _____

Relationship to Participant _____