

**St. Aidan's Episcopal Church
EYC Information and Release Form**

Name: _____

Grade: _____ Gender: _____ Date of Birth: _____

Email Address: _____ Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ T Shirt Size: _____

Allergies (medication/food/insects/etc.):

Medications Currently Taking:

Current Medical Conditions:

Special Dietary Needs:

Last Tetanus immunization: _____

Activities to be restricted from: _____

Name of Participant's Doctor and Phone Number: _____

Insurance Company Contact and Phone Number: _____

**Consent and Liability
2015-2016 School Year**

_____, my daughter/son has my permission to participate in the St. Aidan's Episcopal Church EYC activities for the 2015-2016 school year, as well as the necessary transportation for these events and activities. If I can not be reached by telephone in the case of emergency, I authorize such medical treatment as necessary and such additional procedures as are considered necessary during the course of medical examination.

Parent/Guardian Signature: _____ Date: _____

Please give an emergency contact other than the parent/guardian listed above. If the parent/guardian can not be reached the emergency person will be contacted.

Emergency Contact Name: _____

Phone: _____ Relationship: _____