Permission and Medical Form
(For St. Timothy's Children's Weekend Bible School)

Child's Name:_____ Nick Name:_____
First Middle Last

Birthdate: _____ Age/Grade in fall 2009_____Sex:_____

Address:_____City_____Zip_____

Name of Parent(s)/Guardian: _____

Emergency Contact Information:

Parent(s)/Guardian phone#:_____Alt#_____

If parent or guardian cannot be reached please contact in case of an emergency:

Name_____Phone#_____Relationship_____

Medical Information:

Child's Doctor:_____Phone:_____
Address:_____City_____Zip_____

Hospital of Choice:
_____ Swedish Hospital, 501 E. Hampden Ave. Englewood, 303 788-5000
_____ Rose Medical Center, 4567 E. 9th Ave. Denver, 303 320-2121
_____ Children's Hospital, 1056 E. 19th Ave. Denver, 303 861-8888
_____ Littleton Adventist Hospital, 7700 S. Broadway, Littleton, 303 730-8900
_____ Porter Adventist Hospital, 2525 S. Downing, Denver, 303 778-1955
_____ Sky Ridge Hospital, 10101 Ridgegate Pkwy, Lone Tree, 720 225-1000
Other:_____Address;_____Phone;_____

Health Insurance: _____ Group/Member Number:_____
Address:_____City_____Zip_____
Phone Number:_____ Primary Carrier Name:_____
Primary Carrier Authorized Signature:_____

RELEASE: I (parent/guardian)_____ hereby release the Episcopal Diocese of Colorado, Saint Timothy's, its staff, agents, and volunteers from any and all liability from accident or injury to the child named below during Children's Weekend Bible School (August 21-22, 2009). I have read and understand the terms and agree to them by signing this form. I further authorize any St. Timothy personnel to seek medical treatment for my child during the event, including anesthesia, surgery, and x-rays as deemed necessary by a physician. **Please add any additional medical information (food allergies, meds etc.) in the space provided:**

_____

PERMISSION: I understand the above information and give permission for my child _____ to attend.

SIGNED: _____DATE:_____
Parent/Guardian Signature