

Old Donation Episcopal Church EYC 2017-2018  
PHOTO/GENERAL RELEASE FORM

The undersigned parent or legal guardian of \_\_\_\_\_, a minor child, does hereby grant permission for the said child to engage in the various activities sponsored by Old Donation Episcopal Church for its Youth Program (EYC) including, but not limited to, travel in automobiles, attendance at related group activities on or outside of church property, such as concerts, plays, overnight events, and general participation in any and all activities sponsored by or associated with Old Donation Episcopal Church. The undersigned parent or legal guardian also grants permission for the said child's pictures to be taken at EYC and/or Old Donation sponsored events on or outside of church property, which can be used on the youth website ([www.odeceyc.org](http://www.odeceyc.org)), church website ([www.olddonation.org](http://www.olddonation.org)), and EYC social media accounts such as Facebook, Instagram, & Twitter ([www.facebook.com/odecEYC](http://www.facebook.com/odecEYC), [www.instagram.com/odec\\_eyc](http://www.instagram.com/odec_eyc), [www.twitter.com/odec\\_eyc](http://www.twitter.com/odec_eyc)).

This consent also includes specific permission hereby granted to the adult supervisors and leaders of Old Donation's EYC Program to make medical decisions with respect to the said minor child in the event of accident or injury when parental consent shall be unavailable or when circumstances shall require immediate medical decision, and to administer medication when required.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2017.

Parent or legal guardian

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Number: \_\_\_\_\_ Alternative Number: \_\_\_\_\_

MEDICAL INSURANCE INFORMATION

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Medical Concerns or Restrictions:

(i.e. disabilities, allergies, current medications, preexisting conditions, etc.)