

**INSURANCE WAIVER/PERMISSION SLIP**  
**St. John's Episcopal Church Jackson, WY**

I do hereby give permission for my child, \_\_\_\_\_,  
to attend and participate in all St. John's Church activities for the calendar year 2018.

In the event of an emergency, I do also hereby give permission to the holder of the Insurance Waiver/Permission Slip as a representative and member of St. John's, to act in my stead to consent to any medical treatment or hospitalization deemed necessary by the holder of this document and a licensed physician or emergency team. I agree to be liable for any and all costs involved in such medical or emergency treatment.

I release and discharge St. John's, and/or any representatives involved in any and all activities during the aforementioned time period from any liability whatsoever in exercising this permission.

Please be advised that my child, \_\_\_\_\_,  
has the following physical ailment/allergies/diet restriction, and/or takes the following listed medication. I will provide the necessary medication and instructions for giving it:

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Parent Name Printed _____	Date _____
Parent/Guardian Signature _____	

**CHILD'S NAME** \_\_\_\_\_ **Age** \_\_\_\_\_ **Grade** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Primary Phone** \_\_\_\_\_  
**Father's cell phone** \_\_\_\_\_ **Mother's cell phone** \_\_\_\_\_  
**Child's Doctor** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Insurance Co.** \_\_\_\_\_ **Phone 1-800-** \_\_\_\_\_  
**Subscriber Number** \_\_\_\_\_ **Group Number** \_\_\_\_\_

**IF I CANNOT BE REACHED IN AN EMERGENCY, the following person is authorized to act in my behalf:**

**NAME** \_\_\_\_\_

**RELATIONSHIP** \_\_\_\_\_ **PHONE** \_\_\_\_\_