INSURANCE DISCLOSURE, WAIVER AND PERMISSION SLIP
The Episcopal Church in Jackson Hole

I do hereby give permission for my child, _____, to attend and participate in The Episcopal Church in Jackson Hole's (the "**Church**") activities for the calendar year 2019.

I hereby give permission to, and hereby authorize, the holder of this Insurance Disclosure, Waiver, and Permission Slip, as a representative and member of the Church, in the event of an emergency to act in my stead to consent to any medical treatment or hospitalization deemed necessary by a licensed physician or emergency team. I agree to be solely responsible for any and all costs involved in, or associated with, such medical or emergency treatment or hospitalization and hereby agree to hold the Church harmless from and against any and all such costs.

In consideration of my child's participation in the Church's programs and activities during the period in question, acting on my own behalf and on behalf of my child, I hereby release and discharge the Church, and/or any representatives of the Church involved in any and all activities during the aforementioned time period, from any and all liabilities whatsoever in exercising this permission. In addition, I hereby agree to hold the Church harmless from and against any and all liabilities, claims, causes of action or damages stemming from exercise of the permission set forth in this document.

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:

_____

_____

_____

Parent Name Printed _____

Parent/Guardian Signature _____ Date _____

CHILD'S NAME_____Age_____ Grade_____

Address_____Primary Phone_____

Parent 1 cell phone_____Parent 2 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 _____