



Medical Information and Release

Diosova Youth Fall Weekend

November 8-10th, 2024

Participant's Name _____ Date _____

Participant's Birthday _____ Gender _____

Name of Emergency Contact _____

Relationship to participant _____ Phone Number _____

Medical Information

List of all known Allergies _____

List of any medications currently being taken _____

Medical Release

(Required for all participants)

I understand that every effort will be made to contact Parent or Guardians before authorization of emergency treatment is given to dependent children. In the event I cannot be reached, or if immediate attention is required, I hereby authorize the adult leaders to appoint a licensed medical professional to provide treatment on my dependent child's behalf and I agree to assume responsibility for all medical expenses. I agree to hold harmless the Episcopal Diocese of Southern Virginia, adult leaders, event coordinators, Chanco on the James, designated medical professionals and the agents of said bodies in the event of accident or injury.

I consent and give permission for Diocese of Southern Virginia and Chanco on the James medical personnel and designated staff to administer authorized medication, first aid, and or emergency treatment to me and/or my child. In addition, I give permission and consent to Diocese of Southern Virginia and Chanco on the James medical personnel and/or staff to provide or arrange transportation for me and/or my child to select and to consent to health care providers evaluating, testing, treating, and or hospitalizing me and/or my child when, in their opinion, such services are needed. I also consent to the release of medical records and medical information in order to secure medical care and/or payment for medical purposes.

Signature _____ Date signed: _____

Signature of parent/guardian

if attendee is a minor: _____ Date signed: _____