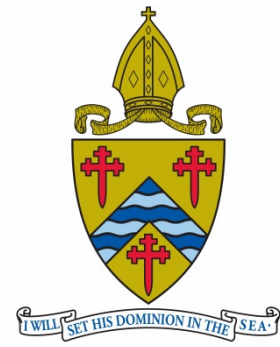


Episcopal Diocese of Long Island



Dear Parent/Guardian,

Your child will be attending the Diocese of Long Island's Convention, November 11-12, at the Melville Marriott, 1350 Old Walt Whitman Road, Melville, New York 11747, as a youth delegate. Please fill out the information below so that we may know who to contact in case of an emergency.

My child, _____, will be attending Diocesan Convention **both days and will be staying overnight at the hotel.**

My child, _____, will be attending Diocesan Convention **both days but will NOT be staying overnight.**

My child, _____, will be attending Diocesan Convention on **Friday, November 11 or Saturday, November 12 only. (Please circle correct date)**

Parent/Guardian Signature: _____ Date: _____

Emergency Contact Name: _____ Telephone Number: _____

Relationship to Child _____

Name of Chaperone during Diocesan Convention: _____

Chaperone's Cell Phone Number: _____

Medical Release Form

Child's Name: _____ Parent/Guardian's Name: _____

Doctor's Name _____ Phone: _____

Health Insurance Co: _____ Policy No. _____

I/We, Parent/Guardian of _____ authorize immediate medical care for our child if an emergency occurs and I/we cannot be located immediately.

Signature of Parent/Guardian _____ Date _____

FOR MORE INFORMATION contact **Myra Garnes Shuler**, Diocesan Director of Youth Ministry and Christian Formation at 516.248.4800 x18 or mgarnesshuler@dioceseli.org; during Convention call or text 301.996.4997.