

St. Anthony Catholic Church ~ Permission, Health and Medical Release Form

Participant Contact and Health Information

Participant's Name: _____ Birth Date: _____ Age: _____

Parent/Guardian: _____ Home Phone: _____

Address: _____ Work Phone: _____

City/State/Zip: _____ Cell Phone: _____

In case of emergency and parent/guardian cannot be reached, alternate contact is:

Name: _____ Phone: _____

Insurance Information: Insurance Company: _____ Policy No.: _____

Policyholder: _____ **Please attach a copy of your insurance card.**

Health Information: Please describe any important health/medical information regarding your child (e.g. allergies, medications, chronic conditions):

Event Details

Date/Activity/Destination: October 22, 2017 -Deanery Trip to Corn Maze in Mitchellville

Departure Place/Time: 4:15 p.m. from church parking lot

Return Place/Time: 9:00 p.m. to church parking lot

Supervisor of Activity: Laura Hollinrake

Volunteer chaperone(s): Laura Hollinrake plus others to be determined based on registration numbers.

Method of Transportation: Personal automobiles. Student Cost: \$10.

Statement of Consent: I give permission for my child/legal dependent to participate in the above mentioned activity, sponsored by St. Anthony Catholic Church. In the event of sickness or accident, the adults supervising this activity have my permission to secure medical care for my child/legal dependent. I hereby release St. Anthony Catholic Church and adult chaperones from any and all claims arising out of or from any accident or other occurrence, causing injury to any person or property, during this event. In the event of an emergency, I hereby give permission to the physician selected by the adult/s supervising this activity to secure proper and adequate treatment including hospitalization, injection, anesthesia or surgery for myself, if of majority age, or the child/legal dependent listed, if a minor. I accept responsibility for all medical/surgical treatment charges, which may be incurred. Authorization for Use of Child's Name, Likeness, and/or Photographic Image: I grant permission to St. Anthony Catholic Church to use my child's name, likeness, and/or photographic image in the production of parish or diocesan newsletters, bulletins, websites, posters, bulletin boards, slide shows and other parish or diocesan promotional materials and in articles about the parish that may be published in local or diocesan newspapers. I further understand that St. Anthony Catholic Church is not responsible for access to the Internet information or downloads made by users using the web prior to removal of web references and that my child's name, likeness or image may continue to be used in any publication already printed or published prior to removal by St. Anthony Catholic Church.

Parent/Guardian signature (if participant is a minor): _____ Date: _____

Adult participant signature: _____ Date: _____