

PERMISSION/MEDICAL RELEASE FORM

(Parents keep this portion)

St. Michael the Archangel Parish

Youth Group _____ is going to Summit Athletic Club _____ on Sunday, 01/27/2019
(Name) (Activity) (Date)

Leaving from Must Provide Own Transportation _____ at 6pm _____ and finishing returning at 8pm _____
(Place of Departure) (Time) (Time)

(Please detach and retain this section and return the rest of this form and any fee.) Cost: \$3 per person

WAIVER OF RESPONSIBILITY

St. Michael's Church Youth Group _____ sponsored by St. Michael the Archangel, Hollidaysburg, PA _____ is going to
(Group) (Parish)

Wallyball and court games,

Summit Athletic Club _____ on Sunday, 01/27/2019 _____ Having full confidence that every
(Activity) (Date)

precaution will be taken to ensure the safety and well being of my child, _____,
(Name)

I agree to his/her participation and waive all claims against the leaders of this trip or activity, officers, agents, and representatives of the Diocese of Altoona-Johnstown.

In the event of an emergency, the leader of the activity has my permission to obtain medical treatment for my child at the nearest hospital or doctor, at my expense, if my own doctor is not readily available.

Doctor _____ Phone _____

During the activity listed above, I can be contacted at the following phones and will accept long distance phone calls.

() _____ () _____

List child's allergies if any _____

List any medication child is taking _____

Any special instructions for this medication? _____

Do you want the leader to carry the medication? Yes ___ No ___ (Use the back of this form for additional information and for explanation of any other problems the activity leader should be aware of.)

Date of latest or last tetnus/booster _____

Medical Insurance Company _____ Policy No. _____

Control No. of Group _____
Policy _____ Other _____

Signature of parent or guardian and date _____

Emergency Phone Number: _____

*Emergency Phone # _____