

# ST. MICHAEL THE ARCHANGEL YOUTH GROUP

## PERMISSION/MEDICAL RELEASE FORM

St. Michael Parish Youth Group, sponsored by St. Michael the Archangel Parish, Hollidaysburg PA is going to:

Target Dept. Store \_\_\_\_\_ on Thursday 11/21/2019, from 7pm to Apprx. 8:30pm  
(EVENT - ACTIVITY) (DATE) (START TIME) (END TIME)

at a cost per student of : No Charge. Note: Must provide own transportation  
(COST; if applicable)

### WAIVER OF RESPONSIBILITY

Having full confidence that every 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/activity, officers, agents, and representatives of the Diocese of Altoona/Johnstown.

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

Name of primary care physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**DURING the activity/event listed above,  
I may be contacted at the following number: (\_\_\_\_) - \_\_\_\_\_.  
If I can not be reached please call : \_\_\_\_\_ at (\_\_\_\_) - \_\_\_\_\_.  
Relationship to child: \_\_\_\_\_.**

Child's allergies (if any): \_\_\_\_\_

Medication that child is currently taking: \_\_\_\_\_

Special notes or instructions that the leader should be aware of: (Please list on the back of this form)

Date of last tetanus/booster shot: \_\_\_\_\_

Medical Ins. Co.: \_\_\_\_\_ Policy No: \_\_\_\_\_

Control No. of Group Policy: \_\_\_\_\_ Other: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_