

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,

_____, I agree to his/her participation and waive all claims against the
(NAME)
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: _____