

PERMISSION/MEDICAL RELEASE FORM

(Parents keep this portion)

St. Michael the Archangel Parish Youth Group is going to Presbyterian Village and Garvey Manor Nursing Homes on Saturday, 12/21/2019

Leaving from St. Michael's Parking Lot-Parents will carpool to transport children at 4pm and returning at Christmas Party until 9:30pm

(Please detach and retain this section and return the rest of this form and any fee.)

WAIVER OF RESPONSIBILITY

St. Michael's Church Youth Group sponsored by St. Michael the Archangel, Hollidaysburg, PA is going to Present Christmas Program to 2 Local Nursing Homes in Hollidaysburg, PA on Saturday, 12/21/2019

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.

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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 #