

PERMISSION/MEDICAL RELEASE FORM

(Parents keep this portion)

St. Michael the Archangel Parish/

St. Mary's Church Youth Group is going Kayaking at Canoe Creek State Park on 06/27/2020
(Name) (Activity) (Date)

Leaving from Must Provide Own Transportation at 11am and returning at Ending at 2pm
(Place of Departure) (Time) (Time)

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

***** Cost: \$5 per Person.....Please arrive at 10:30am *****

WAIVER OF RESPONSIBILITY

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

Kayaking at Canoe Creek State Park on 06/27/2020 Having full confidence that every
(Activity) (Date)

precaution will be taken to ensure the safety and well being of my child,
Print (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. All Participants Will Be Required

I also certify that my child knows how to swim X (Parent Initial) To Wear Life Jackets.

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 #