



Servite High School

Parental Permission for Freshman Formation Weekend/Emergency Contact Form

I hereby request that _____ be permitted to participate in the Servite Freshman Formation Weekend event from **Friday, July 26, through Sunday, July 28, 2013**. I hereby release, indemnify and hold harmless Servite High School and any other third party participants, including trustees, employees, volunteer workers, students, agents & assigns from any and all liability, damage, claim of any nature whatsoever arising out of or in any way related to my son's participation in this event. Participating in any activity is an acceptance of some risk of injury. Despite taking every precaution, accidents & injuries may occur as a result of participation in this event. Therefore, I assume all risks related to the event.

I agree to direct my son to cooperate and conform to the directions and instructions of the supervisory personnel in charge of the event. In case of an emergency and if I cannot be reached, I do hereby authorize a representative of Servite High School to consent to any medical treatment or care deemed advisable. I have read & agree to comply with the above statement. My signature below indicates that I have read, understood & freely signed this agreement, which shall take effect as a sealed instrument upon signing.

Mother/Guardian Name: _____ Mother/Guardian Cell: _____

Father/Guardian Name: _____ Father/Guardian Cell: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____

In case of emergency, and I (we) cannot be reached, please contact the following:

Name _____ Relationship _____ Phone _____

Does student wear contact lenses? Yes / No Date of last Tetanus: _____

Known Drug Allergies: _____

Student Health Insurance: _____ Phone Number: _____

Subscriber Policy #: _____ Certificate # / Group #: _____

Medications: _____

Please indicate any health problems or previous injuries of which the school should be aware:

If the above named student needs emergency treatment, he will be transported to the nearest medical facility by school personnel, trainers, or paramedics. Consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician. Further, I understand that according to school policy, all students must be covered by secondary insurance (provided through the student body fee). The school does not assume responsibility for payment of any physician, hospital, medical, or dental fees.

Parent/Guardian Signature: _____ Date: _____