

St. Ann Roman Catholic Church

PARENT CONSENT AND RELEASE FORM

(Please type or print legibly all information)

Student Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian:

I, (please print) _____, the undersigned, give permission for my son/daughter

Permission to attend the ***“BACK TO THE BIG APPLE”*** field trip to New York City, October 2, 2010 and, if needed, to be evaluated, diagnosed, treated and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve St. Ann Catholic Church and the Diocese of Scranton of all responsibility and consequences that may arise as a result of this treatment.

I will not hold St. Ann Catholic Church, nor the Diocese of Scranton, chaperones or representatives associated with the event responsible in the event of injury. Further, I agree to accept any and all financial responsibility in the event of injury or illness. Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment.

Medical Information:

My child is allergic to _____.

My child must take the following medication (indicate dosage, frequency, etc.) _____

You should be aware of these special medical conditions of my child _____

Insurance Carrier: _____

Policy Carrier: _____

Policy Number: _____

Date of last Tetanus Booster: _____

In case of emergency notify: _____

Relationship to youth: _____

Telephone: Day () _____ Evening () _____

SIGNATURE (Parent/Guardian) _____