

RELEASE AND CONSENT FORM

Name _____ Age _____

Address: _____

Parish and City of Parish: St. Anne's – Gorham, Maine

PARENT

I/We _____ request that

(Parent/s [] Legal Guardian []

_____ be allowed to participate in

_____ (Name of Son/Daughter)

Youth Ministry’s middle & high school events to be held at **ALL** off-site locations from September, 2009 – June, 2010.

Furthermore, in the event of illness or injury, she/he may, if needed, be evaluated, diagnosed, treated, and/or mediated in accordance with standard medical practice by licensed medical personnel. I relieve the Parish of all responsibility and consequences that may arise as the result of this treatment. Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment.

I will not hold the Parish, chaperones, Diocese, or representatives connected with this event responsible in case of injury during transportation or during the event.

My son/daughter agrees to abide by all the rules and regulations outlined by the adult(s) in charge. I understand that the Parish will not be held liable if my son/daughter fails to cooperate with said regulations and that any infraction of the rules may result in immediate dismissal from this event. I will be responsible for any costs or other requirements for immediate transportation home.

YOUTH

As a member of my Parish, I understand and agree to abide by the rules for this event. I also understand and agree that I will notify my parent(s) or guardian at any time of any infraction requiring my dismissal and that I will be sent home at my own or my parents' or guardian's expense.

(Signature of Parent or Legal Guardian)

(Date)

(Signature of Youth)

(Date)

Release and Consent Form (continued)

MEDICAL INFORMATION (Please Print)

My son/daughter is allergic to _____.

My son/daughter must take the following medication (Indicate dosage and frequency):

You should be aware of the following medical conditions of my son/daughter:

Insurance Company: _____

Policy Carrier: _____

Date of last tetanus booster: _____

In case of emergency, please notify: _____

Relationship to Youth: _____

(Signature of Parent or Legal Guardian)

(Date)

(Signature of Youth)

(Date)