

Parent/Guardian Consent/Release Form

We, the parents/guardians of _____ do hereby give our permission for him/her to attend the _____.

Date _____ Parent/Guardian Signature _____

Parent/Guardian Signature _____

We do hereby release and forever discharge the Diocese of Greensburg and designated chaperones from any/all actions or suits in law or equity which we might hereafter have by reasons of injuries sustained by our son/daughter participating in the above mentioned activity. In case of emergency, we give permission for our child to be treated at a hospital and/or by a medical doctor.

In case of emergency, contact us at this phone number _____

If we are unavailable, contact (name/relationship) _____

(phone number) _____

Our Insurance Company is _____ Policy Number _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

PLEASE COMPLETE THE FOLLOWING:

Name of Student _____ Home Phone _____

Address _____ City _____ Zip _____

Age _____ Grade _____ School/City _____

Parish _____

Indicate any illness or allergies of which we should be aware. Also, if the student will be taking any prescription medication, please note below.