

St. Elizabeth Ann Seton Church

Parent Permission Form

I, _____ Parent or Guardian of _____, hereby give consent for my child, to participate in the trip to _____ on _____. I understand that my child will be under the supervision of the designated church employees and/or volunteers on the stated dates. I further consent to the conditions stated on participation in this event.

I hereby grant my consent for staff members and/or adult volunteers under whose auspices the program is conducted, to secure all necessary emergency medical care and/or treatment that may be necessary for my child during the entire event, including the trip to and from the destination. I further assume all responsibility for the decisions so made, and the emergency care or treatment so secured in the event that I could not be reached.

In case of accident, injury or loss, neither my family nor I will hold the place where the event is conducted, the group sponsoring the event, nor any persons or affiliated organizations responsible or liable.

Signature of Parent of Guardian _____ Date _____

EMERGENCY INFORMATION

Participant's Name:

(Last) _____ (First) _____ (Middle Initial) _____

Address _____

Home Phone _____ Cell Phone: _____

E-mail address (if available) _____

Date of birth _____

Medical Insurance Carrier _____

Policy or Hospitalization Number _____ Group # _____

If you participate in an HMO please list the provider and phone number.

Provider _____ Phone Number _____

Please list any medical conditions, allergies, medications or other limitations:

Parent Information:

Mother's name _____ Father's name _____

Address _____ Address _____

Phone: Home _____ Phone: Home _____

Work _____ Work _____

Cell _____ Cell _____

Signature of Parent or Guardian _____

IF ABOVE PARENTS/GUARDIANS CANNOT BE REACHED, PLEASE CALL:

CONTACT'S NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE # _____