

One Day Event - Parish Release Form

Name of Event Date of Event

Name of Child Phone Number Age Sex

Address City State Zip

School Grade Date of Birth

REGISTRATION MUST BE IN 7 DAYS PRIOR TO THE DATE OF THE EVENT

PERMISSION

I/we, the parents or guardians of the above-mentioned child, for myself/ourselves and for my/our child, give permission for my/our child to participate in the above-mentioned event on the above written date.

MEDICAL AUTHORIZATION

In the event of any injury or illness to my/our child during his/her participation in this one-day program, I/we hereby give my/our permission for the necessary medical treatment to be given to my/our child. I/we agree that in case of injury to my/our child, I/we will apply my/our hospitalization and/or accident insurance toward payment of the expenses incurred and will not look to the Youth Minister, St. Sebastian Parish, Chaperones, Office for Youth and Young Adult Ministry, or the Roman Catholic Diocese of Pittsburgh for the payment of any medical costs or injury related costs.

Parent/Guardian Signature Parent/Guardian Phone Number(s)

Insurance Company Policy Number

Name and Phone Number of person if parent/guardian is not available

CONSENT TO TREAT

I/we the undersigned parent(s)/guardian of _____, a minor, do hereby authorize treatment of my/our child by a licensed medical physician in case of any accident or illness that may so arise, or any hospitalization necessary.

Parent/Guardian Signature Date