

PARENTAL CONSENT/MEDICAL RELEASE FORM

NAME _____ AGE _____ BIRTHDATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

CELL PHONE'S _____

HOME PHONE _____ GRADE _____

PARENT (S)/GUARDIANS BUSINESS/CELL PHONE NUMBERS _____

EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN) _____ PHONE _____

To Whom It May Concern:

The undersigned does hereby give permission for _____ to participate in the following activity
(Child's Name)

sponsored by Our Lady of the Lake Parish

ACTIVITY: Night in A Box

COST: \$10 covers the meal and a donation

WHEN: Saturday, June 28, 2008 from 6:00 pm to Sunday, June 29, 2008 at 9:00 am

WHERE: The Baseball Field and Nash Hall at Our Lady of the Lake

TRANSPORTATION: By parents **ADULT CHAPERONES:** Yes, _____

DESIGNATED SUPERVISOR: Mary Murphy (616) 901.5579 Coordinator of Youth Ministry

In consideration of my child being allowed to participate in this Night in a Box, I hereby agree on behalf of myself and my child, to release Our Lady of the Lake Church, the Roman Catholic Diocese of Grand Rapids, and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releasees"), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the mission trip.

We(I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any licensed physician or licensed dentist on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume responsibility for transportation and/or incurred transportation costs.

Insurance Company _____ Policy Number _____

Participant Signature _____ Date _____

Parent(s)/Guardian Signature _____ Date _____

Below please list any allergies or special medical problems your child may have.

Please list any medications your child is currently taking.

*** Please be sure to return permission slip by June 20, 2008 with \$10 Youth Office Attn. Mary Murphy!**