

# PARENTAL CONSENT/MEDICAL RELEASE FORM

NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
PHONE \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ CHURCH \_\_\_\_\_  
PARENT (S)/GUARDIANS BUSINESS PHONE \_\_\_\_\_

I would like to be in a sleep group with \_\_\_\_\_

EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN) \_\_\_\_\_

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.

<b>ACTIVITY:</b>	<b>MS and HS Service Event to bring hope to the Homeless 'Night in a Box'</b>
<b>WHEN:</b>	<b>Saturday, August 7, 2011 ~ 6:00 pm to noon on Sunday, July 8, 2011</b>
<b>WHERE:</b>	<b>Our Lady of the Lake Catholic Church</b>
<b>TRANSPORTATION:</b>	<b>By Parents</b>
<b>COST:</b>	<b>\$10 covers all meals and materials for activities</b>
<b>DESIGNATED SUPERVISOR:</b>	<b>Mary Murphy, Director of Youth Ministry</b>

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 St. Francis de Sales and Our Lady of the Lake Church, the Roman Catholic (Arch) 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 field 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 you child may have. Thank you.

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Please return permission slips & \$10 to the youth office by August 3, 2011 attention Mary Murphy