

PARENT-GUARDIAN CONSENT/RELEASE FORM

We, the parents/guardians of _____ do hereby give our permission for him/her to participate in or be transported during any **SMM Youth Ministry event not held on church property from September 1, 2009, to August 31, 2010.**

Parent/Guardian Signature _____

Parent/Guardian Signature _____

We do hereby release and forever discharge the Diocese of Greensburg or designated chaperones from any/all actions or suite 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) _____ (Phone) _____

Our Insurance Company is _____ Policy No. _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

PLEASE COMPLETE THE FOLLOWING:

Name of Student _____ Date _____

Address _____ City _____ Zip _____

Age _____ Grade _____ School/City _____

Parish/City _____

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