ST. PATRICK'S
MIDDLE SCHOOL MINISTRY
PERMISSION / MEDICAL RELEASE

Every person who participates in the following listed events must fill out & turn in this form.

Family Name _____

Participant Name(s) _____

EMERGENCY PHONE: _____ Pager: _____ Mobil: _____

The above named person (s) is / are permitted to participate in the activities planned at _____

I/we understand that reasonable precaution will be taken to safeguard the health and safety of the participant (s) and that the designated emergency contact person will be notified as soon as possible in case of emergency. In the event of any sickness or accident person(s) will not hold ST. PATRICK'S CHURCH, the DIOCESE OF PHOENIX, any volunteer, chaperone, or driver responsible. *I/we* authorize and consent that emergency treatment be rendered under the general or specific supervision and on the advice of any physician, dentist, or surgeon; licensed to practice in the State of Arizona or any other state. The undersigned understand(s) and agrees that any medical, dental, or hospital expense incurred shall be at their own expense. The undersigned understand(s) every effort will be made to notify the emergency contact in the event that treatment is necessary.

_____ _____
Parent / Guardian Signature Date

Insurance Carrier _____ Group # _____

Has the participant(s) received a tetanus shot in the past 10 years? YES -NO
Do you give permission for Tylenol to be dispensed if requested by minor(s) YES - NO
Please list any known allergies, health problems, or current medications:

I/WE CANNOT BE REACHED IN THE EVENT OF AN EMERGENCY, THE Following PERSON (S) IS/ ARE AUTHORIZED TO ACT ON MY/OUR BEHALF:

Name: _____ Phone: _____
Mobile: _____

Relationship to participant (S): _____