

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

Every person who participates in the following listed
events must fill out & bring with them when they volunteer at Silverado Senior Living on their assigned date.

Christian Service Program—Fall 2011

Family Name _____

Participant Name(s) _____

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 given if requested by minor(s) YES - NO

Please list any known allergies, health problems, or current medications:

IF 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: _____

EMERGENCY PHONE: _____ Pager: _____ Mobile: _____

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.

Relationship to participant (S): _____