

Our Lady of the Assumption Church

LATHAM, NY

PARISH RELEASE & CONSENT FORM

Activity:

Date:

Time:

Location:

Name _____ Age _____ Grade _____

Parent/Guardian:

I, _____, give permission for my son/daughter

_____ to attend the above mentioned trip, and if needed, to be evaluated, diagnosed, treated, and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve the parish of Our Lady of the Assumption of all responsibility and consequences that may arise as the result of this treatment. I will not hold Our Lady of the Assumption Parish or chaperones or representatives responsible in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment.

My child agrees to abide by all rules and regulations decided upon by the parish and the establishment traveled to. If my child fails to abide by such rules he/she may be dismissed from the activity and I will be responsible for his/her transportation home.

X _____
Signature of Parent or Guardian Date

Youth:

I, _____, understand and agree to the rules and regulations as determined by Our Lady of the Assumption Parish and the destination point. I understand that I may be dismissed and sent home if I do not abide by the given rules. ***I agree to wear a mask unless outdoors, or distanced while eating.***

X _____
Signature of Youth Participant Date

Medical Information:

Allergies _____ Required Medications _____

Special Medical Conditions _____ Last Tetanus Booster _____

Insurance Carrier _____

In case of emergency, parents/guardians may be reached at phone # _____