

SAINT ELIZABETH ROMAN CATHOLIC CHURCH PARENTAL PERMISSION FORM

Event/Trip: _____

Location: _____

Date: _____

Cost: _____

Participant Information:

Name: _____

Address: _____

Phone: _____ Email: _____

Date of Birth: _____

Allergies: _____

Parent/Guardian Information:

Name: _____

Phone: _____ Email: _____

My child, named above, has my permission to participate with the Saint Elizabeth Youth Ministry group trip listed above. I understand that neither Saint Elizabeth Roman Catholic Church nor any of its agents are responsible for any injury sustained by my child. I accept responsibility for any medical expenses as a result of any such injury sustained.

Signature of Parent/Guardian

Date

MEDICAL RELEASE

To Whom It May Concern: As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor for in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. This release is intended for date and event listed above. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

All guests must complete a medical/insurance form available at: stelizabethparish.org

Please notify the office whenever there is a change in medical/insurance information.

Signature of Parent/Guardian

Date