

**Parent/Guardian Consent/Release Form**

We, the parents/guardians of \_\_\_\_\_ do hereby give our permission for him/her to attend the \_\_\_\_\_.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

We do hereby release and forever discharge the Diocese of Greensburg and designated chaperones from any/all actions or suits 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/relationship) \_\_\_\_\_

(phone number) \_\_\_\_\_

Our Insurance Company is \_\_\_\_\_ Policy Number \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING:**

Name of Student \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ School/City \_\_\_\_\_

Parish \_\_\_\_\_

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