

St. Ann Roman Catholic Church

## ***PARENT CONSENT AND RELEASE FORM***

(Please type or print legibly all information)

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### **Parent/Guardian:**

I, \_\_\_\_\_, the undersigned, give permission for my son/daughter

\_\_\_\_\_ to attend a **Chrism Mass, April 18, 2011, at St. Peter's Cathedral, Scranton, PA**, and, if needed, to be evaluated, diagnosed, treated and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve St. Ann Catholic Church, and the Diocese of Scranton of all responsibility and consequences that may arise as a result of this treatment.

I will not hold St. Ann Catholic Church, nor the Diocese of Scranton, chaperones or representatives associated with the event responsible in the event of injury. Further, I agree to accept any and all financial responsibility in the event of injury or illness. Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment.

### **Medical Information:**

My child is allergic to \_\_\_\_\_.

My child must take the following medication (indicate dosage, frequency, etc.) \_\_\_\_\_

You should be aware of these special medical conditions of my child \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Date of last Tetanus Booster: \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_

Relationship to youth: \_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_