

# Parental Consent & Release Form

Child \_\_\_\_\_

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

Parents \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's cell # \_\_\_\_\_ Mother's Cell # \_\_\_\_\_

I hereby release Forty Martyrs Catholic Church, its staff and volunteers, from responsibility and liability for any injury or illness that my child may sustain during any trip, event, or program in 2011 - 2012. In the event of an emergency, or if there is no time to reach me by phone, I hereby authorize an adult leader of the trip, event, or program to act as an agent for me, to consent to an x-ray examination; medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the service are rendered, either at a doctor's office or in any hospital, and will assume the responsibility of all medical bills, if any. I expect to be contacted as soon as possible.

Further, I give Forty Martyrs Catholic Church permission to use photo and video taken of my student(s) in bulletin, local paper and on their website.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Please provide an alternate person to contact if you cannot be reached below:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

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## Other Information

Medications to be taken \_\_\_\_\_

Allergies/Medical Problems: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy# \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Phone# \_\_\_\_\_

Emergency Phone# and Name: \_\_\_\_\_