

---

RELEASE AND CONSENT FORM

---

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARISH: Blessed Sacrament CITY: Albany

PARENT: (Please type or print)

I, \_\_\_\_\_ (parent), (Legal guardian), the undersigned, give my permission for my son/daughter to attend \_\_\_\_\_ on \_\_\_\_\_ 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 Blessed Sacrament and the leadership personnel of this event of all responsibility and consequences that may arise as a result of this treatment.

I will not hold Blessed Sacrament Parish or the leadership person(s) responsible in the event of injury. Further, I 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 Blessed Sacrament Parish and the leadership personnel of the event. I understand that neither the parish of Blessed Sacrament or the leadership personnel of the event. I understand that neither the parish of Blessed Sacrament or the leadership personnel of the event will be held liable if my child fails to cooperate with said regulations and that any infractions of the rules my result in immediate dismissal from the event. I further understand that I will be responsible for any costs or other requirements for immediate transportation home.

\_\_\_\_\_  
(Signature of parent or guardian)

\_\_\_\_\_  
(Date)

(over)

MEDICAL INFORMATION

(Please type or print clearly)

Allergies: \_\_\_\_\_

Required Medication: \_\_\_\_\_

(Please indicate dosages, frequency, etc.)

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

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

Date of last Tetanus booster: \_\_\_\_\_

In case of emergency and I cannot be reached by phone, please notify:

\_\_\_\_\_

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

I will be away during that period of time, but I can be reached at:

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_