

**Event:** \_\_\_\_\_

**REGISTRATION AND PARENTAL RELEASE FORM**

I/We, the parents or guardians of \_\_\_\_\_, give permission for my/our child to participate in the above-stated activity scheduled for \_\_\_\_\_ by St. Bartholomew Life Teen.

I/We also understand that my/our child will be transported from St. Bartholomew Church to the event and back.

In the event of any injury or illness to my/our child during his/her participation in the above-stated activity, I/We hereby give my/our respective legal representatives, do hereby indemnify and hold harmless any representative of St. Bartholomew Church, and the Roman Catholic Diocese of Pittsburgh, from any and all claims, demands and causes of action of whatever kind and nature for their actions taken pursuant to this authority.

I/We agree that in any case of injury to my/our child, I/We will apply my/our hospitalization and/or accident insurance toward payment of the expenses incurred, and will not look to St. Bartholomew Church and Parish, Life Teen, or the Roman Catholic Church of Pittsburgh for the payment of any medical costs or injury related costs.

\_\_\_\_\_  
Mother's/Father's signature

\_\_\_\_\_  
Guardian's signature

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_ cell phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Soc. Sec. Number: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**CONSENT TO TREAT FORM**

I/We the undersigned parent(s)/guardian of \_\_\_\_\_, a minor, do hereby authorize treatment of my/our child by a licensed medical physician in case of any accident or illness that may so arise, or any hospitalization necessary.

\_\_\_\_\_  
Father/Legal Guardian

\_\_\_\_\_  
Mother/Legal Guardian

Date: \_\_\_\_\_, this consent form will remain effective until \_\_\_\_\_.

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign **ONLY** those in accordance with your wishes.....

- 1.) **MEDICATIONS:** My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions, including dosage and frequency of dosage are as follows:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- 2.) **I hereby grant permission for nonprescription medications** (such as Tylenol, Advil, Midol, throat lozenges, cough syrup) to be given to my child as deemed advisable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- 3.) **NO MEDICATION OF ANY TYPE** whether prescription or nonprescription may be administered to my child unless the situation is **LIFE-THREATING AND EMERGENCY TREATMENT IS REQUIRED.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Any Allergies?** \_\_\_\_\_ **Any physical limitations?** \_\_\_\_\_

**Any medically prescribed dietary needs?** \_\_\_\_\_

**Are you a vegetarian?** \_\_\_\_\_

**Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting?** \_\_\_\_\_