

St. Therese the Little Flower Catholic Church

Permission Slip and Medical Release

All Events September 1, 2023, through August 31, 2024

In Consideration of St. Therese the Little Flower Catholic Church arranging for participation in youth events the undersigned Parent/Guardian of (minor's name) _____, a minor, hereby releases and agrees to hold harmless the above-named parish or any of its advisors, chaperones or persons connected with the above activities from any liability, claims, and/or damages for personal injury, property loss/damage which may result in the event(s)

The undersigned (minor's name) _____ hereby agrees to abide by the rules established for the above event(s)

Dated this _____ day of _____, 20____

Signature of Parent

Signature of Participant

AUTHORIZATION FOR MEDICAL TREATMENT

Child/Minor's name

Birth date

Address

City

State

Zip Code

Parent/Guardian Name

Home phone

Work phone

Cell Phone

Insurance Company

Policy Number

I hereby authorize the treatment, administration of anesthesia, and surgical treatment(s) for my minor son/daughter (name) _____ in the event of a medical situation occurring during my absence or when the hospital or physician's office. I reserve the right to hold within the physician's staff whose treatment is rendered in the physician's office. I reserve the right to hold liable the hospital, physician(s) and nursing personnel who perform medical procedures acting on the authority of this medical treatment consent form which such medical providers deem necessary for my child.

Parent Signature

Date

Signature of Child/Minor

Date

Valid Through August 31st 2024