Saint Katharine Drexel Church
1 Peter Drive, Mechanicsburg, PA 17050

PERMISSION/LIABILITY/MEDICAL RELEASE FORM

Participant's Name_____Birth Date_____

Address_____

City _____State_____Phone #_____

Parent's Email_____

PARENT/GUARDIAN

I, _____(name), give permission to my above named son/daughter to attend_____(event name) to be held on_____(date) at _____(location). If needed, for health reasons, I give permission for my child to be evaluated, diagnosed, treated and/or given medication in accordance with standard medical practice by licensed medical personnel. I relieve St. Katharine Drexel Roman Catholic Church and members of St. Katharine Drexel Religious Education of all responsibility and consequences that may arise as a result of this treatment. I will not hold St. Katharine Drexel Roman Catholic Church or members of St. Katharine Drexel Religious Education liable in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling medical treatment.

My child agrees to abide by all rules and regulations stated by the St. Katharine Drexel Religious Education Department. I understand that St. Katharine Drexel Roman Catholic Church and the St. Katharine Drexel Religious Education Department will not be held liable if my child fails to cooperate with regulations, and that any infraction of the rules may result in immediate dismissal from the Religious Education Department event at my expense.

I give permission to St. Katharine Drexel Roman Catholic Church and the members of the St. Katharine Drexel Religious Education Department to photograph, videotape and/or film my child and to use his or her image in photographs, video, and/or film for the purpose of promoting activities and programs of the St. Katharine Drexel Religious Education Department. I understand that specific names of any individual participant will not be used with any photos used for these stated purposes. I understand that I and my child are not entitled to any compensation or rights in these materials, and I release St. Katharine Drexel Roman Catholic Church and the St. Katharine Drexel Religious Education Department from any liability for the use of my child's image for the above stated reasons.

SIGNATURE OF PARENT/LEGAL GUARDIAN_____Date_____

Family Physician_____Phone #_____

Allergies (please be specific)_____

Current Medications_____

Medical History_____

Medical Insurance Provider_____Insurance #_____

In case of emergency, please contact:

Name_____Phone #_____

Address_____

Work Phone _____ Cell Phone #_____