

Liability Release Form

Participant's Name _____ Date of Birth _____

Address _____ Telephone _____

City _____ State _____ Zip Code _____

Group Leader's _____

Parent/Legal Guardian

_____ (Name), I give permission to my above mentioned son/daughter to attend _____ (name of event) I understand that my child will be transported by bus. The bus will depart from St. John's at 7:30am.

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 appropriate health care personnel. I release, the Diocese of Baton Rouge and St. John the Baptist Catholic Church, staff and leaders of all responsibility and consequences that may arise as a result of any injury suffered and resulting treatments. Further, I agree to accept all financial responsibility as a result of scheduling medical treatments.

My Child agrees to abide by all the rules and regulations that are enforced by Diocese of Baton Rouge and St John the Baptist staff and leaders. I understand if my child fails to cooperate with rules and regulations, immediate dismissal from the premises will result.

Signature of Parent/Legal Guardian Date

Medical Information

Parent Name _____

Family Physician _____ Telephone _____

Insurance Company _____ Group Number _____

Allergies _____

Current Medications _____

In Case of Emergence, Please contact:

Name _____

Address _____

Home/phone _____