

Permission Slip

In consideration of St. Mary on the Hill Catholic Church arranging for a retreat *on*

**Saturday, October 26, 2019 at St. Mary on the Hill School Gym starting at 9:00 am and ending with Mass at the Church at 5:00 pm (pick up will be after Mass at the Church).**

The undersigned parent/guardian of \_\_\_\_\_, a minor, hereby releases and agrees to hold harmless the above named parish or any of its advisors, chaperones or persons connected with the trip/retreat from any liability, claims, damages for personal injury, or property loss/damage which may result during the event.

\_\_\_\_\_ (child's name) has my permission to participate in the retreat. I understand that neither St. Mary on the Hill Catholic Church and/or school or any of its agents are responsible for any injury sustained by my child. I accept responsibility for any medical expenses as a result of any such injury sustained.

The undersigned child hereby agrees to abide by the rules established for the above event.

\_\_\_\_\_  
(signature of Parent/guardian)

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
telephone #

\_\_\_\_\_  
date

(OVER)

Medical Release and Authorization for Treatment

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home # \_\_\_\_\_  
Work# \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Specific medical allergies, chronic illnesses or other  
condition: \_\_\_\_\_  
\_\_\_\_\_

Another person to contact in case of emergency: \_\_\_\_\_  
\_\_\_\_\_ Emergency Phone # \_\_\_\_\_

I hereby authorize the treatment, administration of anesthesia, surgical treatment(s) for my minor son/daughter \_\_\_\_\_ in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment of undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. This authorization extends to any hospital, physician(s) and nursing personnel within the physician's staff where treatment is rendered in the physician's office. I release from medical responsibility and liability the hospital, physician(s) and nursing personnel for performing medical procedures acting on the authority of this medical treatment consent form which such medical providers deem necessary for my minor child.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2019

\_\_\_\_\_  
Signature of Parent/Guardian