

**St. Anthony of Padua Catholic Church
Annual Permission Slip – 2017/2018**

Name _____

Address _____

City/State/Zip _____

Phone _____ *Date of Birth* _____ *Age* _____

School _____ *Grade* _____ *E-Mail* _____

Signature of Participant _____

To Whom It May Concern

I _____ Parent/Guardian of _____
do hereby request that the above named person be permitted to attend St. Anthony Youth Ministry activities from July 31, 2017 through August 1, 2018. In consideration of the making of arrangements for an activity of St. Anthony and/or the New Albany Deanery, I hereby release and save harmless St. Anthony Parish, St. Anthony School, the New Albany Deanery and the Archdiocese of Indianapolis; and any and all personnel of St. Anthony Parish, St. Anthony School, the New Albany Deanery and the Archdiocese of Indianapolis from any and all liability for any injuries, loss or other claims arising out of or resulting from an activity.

I agree and consent to having staff members and volunteers, under whose auspices the program is conducted, and any other worker in the program approved as chaperone, to secure any emergency medical care or treatment that may be necessary for my child during outings and activities, including the trip to and from the destination. I further assume all responsibility for the decisions so made and the emergency care or treatment so secured for my child. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I hereby assume all transportation costs.

Signed _____ Relationship To Participant _____

Please fill out medical information on back of this form.

St. Anthony Medical Release Form (2017-2018)

Participant's Name _____

Address _____

City/State/Zip _____

Phone _____ **Date of Birth** _____

Mother's Work # _____ **Other** _____ **E-mail** _____

Father's Work # _____ **Other** _____ **E-mail** _____

Another Person To Contact In Case Of Emergency:

Name _____ **Relationship to Participant** _____

Home Phone _____ **Work Phone** _____

Family Physician _____

Physician Phone Number _____

Insurance Company _____

Name of Insured _____

Policy Number _____

Allergies _____

Current Medical Condition _____

Medications _____

If you do not have medical insurance, please contact the Parish Office at 812-282-2290.

I, the undersigned parent or guardian of _____ a minor, do hereby authorize the adult(s) representing St. Anthony as my agents, to consent in case of a medical emergency to any examinations, x-rays, anesthetic, medical, or surgical diagnosis or treatment and hospital care deemed advisable by a qualified physician or local hospital. An authorized parish adult agrees to contact the undersigned as possible if an emergency should arise. I will assume responsibility for fees incurred by such an emergency. In addition, I certify that the above information is correct and give permission for the release of medical records to the attending physician. I realize that I cannot hold St. Anthony Parish, St. Anthony School, the New Albany Deanery Youth Ministry Office, nor the Archdiocese of Indianapolis responsible for any such emergency.

Parent/Guardian Signature _____ **Date** _____