Holy Cross Parish 2017-2018
Liability and Medical Release

STUDENT'S NAME: _____

DATE OF BIRTH: _____GENDER:_____

PARENT/GUARDIAN NAME: _____

FULL HOME ADDRESS: _____

HOME PHONE_____CELL PHONE_____EMERGENCY PHONE_____

As parent and/or legal guardian, I am legally responsible for any personal actions taken by the above named minor.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend HOLY CROSS PARISH, its officers, directors, and agents, and the ARCHDIOCESE OF ANCHORAGE, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness, injury, or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the ARCHDIOCESE OF ANCHORAGE, chaperones or representatives associated with the event for reasonable attorney's fess and expenses arising in connection therewith.

SIGNATURE OF PARENT/GUARDIAN_____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

FAMILY HEALTH PLAN CARRIER:_____POLICY #_____

EMERGENCY MEDICAL TREATMENT: **In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:**

NAME AND RELATIONSHIP: _____
(Emergency Contact Person/Relationship to Child)

HOME PHONE_____CELL PHONE_____EMERGENCY PHONE_____

MEDICATIONS: Please inform us of any long-term medication that is being administered to your child. If your child requires medication during class time, it must be given to Theresa with proper labels and instructions.

_____

SPECIFIC MEDICAL INFORMATION:
Allergic reactions (medications, foods, plants, insects, etc.)_____

You should be aware of these special medical conditions of my child: _____

_____

Signature of Parent/Guardian: _____Date:_____