

Confirmation Permission Slip / Medical Release / Emergency Contact Information

(Please print clearly and complete form in full using back side if necessary. **Please use one form per teen.**)

Student's First Name: _____ **MI** ____ **Last Name:** _____ **Birth Date:** _____

PERMISSION: My child _____ has my permission to attend meetings and off-campus events sponsored by St. Francis Xavier Parish Confirmation Program. In the event of illness or injury to my child during their attendance at a Confirmation activity/meeting, I have provided the Confirmation team with the proper emergency contact information, health information (below) describing my child's medical problems (if any) as well as insurance information, and consent in advance to medical treatment. I understand that in the event of a serious illness or injury reasonable efforts to reach me will be attempted.

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR: I give permission to the responsible staff members, chaperones, medical practitioners and medical facilities to use their judgement in obtaining and providing medical treatment for my son/daughter should it become necessary to do so. I agree to relieve the location and participating adults from liability in connection with this request. I understand that the insurance benefits through the Location, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my son/daughter. I agree to indemnify and hold the Location harmless from the cost of any medical treatment and related expense and cost incurred.

RELEASE OF LIABILITY: As a condition of participating in the St. Francis Xavier Confirmation Program, I hereby hold harmless, release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and the Location, their respective agents and employees and any parent/volunteer/chaperone, from any and all liability, loss or claims for personal injuries, wrongful death or property damage that I or my son/daughter my suffer as a result of participation in Confirmation Year I and II activities.

Parent/Legal Guardian (sign) _____ Date Signed _____

Parent/Legal Guardian (print) _____ Relationship _____

Emergency Phone: Hm (____) _____ Cell (____) _____ Wk (____) _____

If parent/legal guardian is not available in an emergency, contact: Relationship _____

Name _____ Phone (____) _____

HEALTH INFORMATION:

Health Insurance Company _____

Policy # _____ Group# _____ Phone (____) _____

Please list any allergies. Include medications, foods, etc. _____

Does your child have any medical or special needs, including medications currently being used? No ____ Yes ____

If yes, please explain (please use back page if necessary) _____

Operations or Serious Injuries:

_____ Date _____

_____ Date _____

My child is up to date on Immunization ____ No / ____ Yes: Please provide dates: Date of last tetanus shot _____

DPT _____ DPT Booster _____ Polio Series _____ Polio Booster _____

Please notify the RE Office if this child is exposed to any communicable disease during the three weeks prior to attendance.

Doctor's Name _____ Phone (____) _____

Dentist's Name _____ Phone (____) _____