



PARENTAL CONSENT FORM

Participant Name \_\_\_\_\_ Grade 2009 to 2010 \_\_\_\_\_ Sex \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_
Home Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Home Phone \_\_\_\_\_
Work/Cell Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_
Home Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Home Phone \_\_\_\_\_
Work/Cell Phone \_\_\_\_\_

Date of Event:

Type of Event:

Student Cost:

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

HEALTH INFORMATION:

Medication my child is taking at present \_\_\_\_\_

For headache or minor pain, my child may be given \_\_\_\_\_

Allergies \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Insurance Company \_\_\_\_\_ Family Health Plan carrier number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

I, \_\_\_\_\_, GIVE PERMISSION FOR \_\_\_\_\_

TO PARTICIPATE IN THE ABOVE-DESCRIBED EVENT. I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify TRANSFIGURATION CATHOLIC CHURCH from any claims or law suits brought by myself, my child, or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school in defense of such a claim/suit.

I agree to drop my child off at the departure location at least 15 minutes prior to departure and to provide transportation home at my expense. I agree that I am responsible for my child's conduct and actions. The event sponsor is not responsible for any injury or damage incurred or caused by my child. I understand that my child is required to comply with the Code of Conduct provided by the TRANSFIGURATION CATHOLIC CHURCH while participating in the event. I understand that if my child violates the Code of Conduct he/she may be required to be transported home at my expense.

Check here if you do not want your child's picture used for public display

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Yes I would like to help
Yes I have filled out a background check form at Transfiguration No I have not filled out a back ground check form at Transfiguration

No I am not able to help