



**Medical Release Form for July**

- July 20th-Six Flags Great America**
- July 24th The Gathering (Ecumenical Soup Kitchen Experience in Milwaukee)**
- July 27th Hiking Trip in the Kettle Moraine State Park, Campbellsport, WI**
- July 28th Bonfire #2-St. Bernadette's**

In consideration of St. Margaret Mary's Youth Ministry Program, providing spirituality and community-building events, the undersigned parent 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 service project from any liability, claims damages for personal injury, property loss or other damages which may result during the above event.

The undersigned minor \_\_\_\_\_ hereby agrees to abide by the rules established for the above event.

Signature of Parent	Signature of Participant	Date
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Please complete the following:

Child lives with  Both Parents  Mother  Father

Child's Name	Birth Date
Address	City                      Zip Code
Father's Name	Place of Employment
Home Phone	Work Phone
Mother's Name	Place of Employment
Home Phone	Work Phone
Child's Physician	Office Phone
Family Physician	Office Phone
Insurance Company	Policy Number

**AUTHORIZATION FOR MEDICAL TREATMENT**

I hereby authorize the treatment, administration of anesthesia, surgical treatment(s) for my minor CHILD

\_\_\_\_\_ in the event of a medical situation occurring during my absence or when the hospital or physician(s) are unable to contact me. This authorization extends to any hospital, physicians(s) and nursing personnel within the physicians staff where treatment is rendered in the physicians office. I release from medical responsibility and liability the hospital, physicians(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 \_\_\_\_\_, 2010 and valid until the \_\_\_\_ day of \_\_\_\_\_, 2010.

\_\_\_\_\_  
Parent Signature  
Any medical conditions that we should be aware of? Please list below:

\_\_\_\_\_

