NAME AND DATE OF EVENT
HEALTH INFORMATION/RELEASE OF LIABILITY/CONSENT TO TREAT

FIRST NAME_____LAST NAME_____

ADDRESS_____CITY/STATE/ZIP_____

Name of Parent(s)/Guardian(s)_____

Home Phone #_____ Work Phone #_____

Health Insurance Company_____ Policy #_____

Youth_____ Adult_____ Grade_____ Birth Date_____ Male/Female_____

Parish_____Parish City_____

Are you currently under the care of a doctor, psychologist or psychiatrist?_____

Name of Family Physician_____ Phone #_____

Last Tetanus shot:_____ Allergies to Drugs or Foods:_____

Do you have any special dietary needs or restrictions?_____

Special Medications, blood type or pertinent medical information:_____
_____

_____ _____
Witness Applicant's Signature

_____
Witness Address

I/we request that my/our son/daughter attend the **Confirmation Retreat** (name of event) under the auspices of **Assumption Church** (name of parish) to be held at **Assumption School/Church in Morristown, NJ** on **Saturday, March 11, 2017** (date). I/we have read the foregoing Health Information/Release of Liability/Consent to Treat Form and the answers are all correct.

I/we can be reached at the telephone numbers referred to above but if emergency medical care or treatment shall be necessary and if I/we cannot be contacted, I/we authorize the delegated agents of **Assumption Church** (name of parish) to act on my/our behalf and approve appropriate treatment.

Release of Liability: In consideration of **Assumption Church** (name of parish) accepting my/our son's/daughter's registration for this event, I/we release, hold harmless and discharge **Assumption Church** (name of parish), its officers, Trustees, employees, agents and affiliates, of and from any and all liability, claim, loss, damage, cost or expense and waive any such claims against any such person or organization arising directly or indirectly from or attributable to any action or omission to act of any such person or organization in connection with this event and I/we further agree to indemnify and hold harmless the parish and its aforesaid affiliated personnel from any such liability, claim, loss, damage, cost or expense.

_____ _____
Date parent or guardian-indicate which and if guardian, give details

_____ _____
Witness parent or guardian-indicate which and if guardian, give details

_____ _____
Witness Address applicant's signature if 18 years of age or over