

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 Church, Morristown, NJ** on **Saturday, January 30, 2010** (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