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 (_____) _____