

# **NOW TRENDING LOCK-IN**

**April 27, 2018**

## **ANNUAL PERMISSION AND RELEASE OF LIABILITY with MEDICAL** **PLEASE PRINT CLEARLY!!!**

**CHILD NAME:** \_\_\_\_\_ **PARENT NAME:** \_\_\_\_\_

**CHILD EMAIL ADDRESS:** \_\_\_\_\_ **PARENT EMAIL ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**MY CONFIRMATION TEACHER(S) WAS:** \_\_\_\_\_

**I am a high school student who IS a Peer Minister:** \_\_\_\_\_ **I am a high school student who IS NOT a Peer Minister** \_\_\_\_\_

I, (We), \_\_\_\_\_ and \_\_\_\_\_, the parent(s)/legal guardian(s) of \_\_\_\_\_ give my (our) child permission to participate in any activity sponsored by a parish or other agency of the Archdiocese of Miami within the geographical limits of the Archdiocese during the year 2017/2018.

In the event of an emergency, I (We), hereby give permission to transport my (our) child to a hospital for emergency medical, dental, anesthetic or surgical treatment. I (We) wish to be advised prior to any non-emergency treatment by the hospital or doctor. I (We) agree to pay for any expenses incurred for such treatment.

I (We), individually and in my (our) capacity(ies) as parent(s)/legal guardian(s) release, indemnify, and hold harmless the Archbishop of Miami, the Archdiocese of Miami or any parish thereof, its employees, agents, representatives, affiliates, and volunteers from any and all demands, claims, and liability arising out of my (our) child's participation in the program.

I (We) understand that photographs may be taken with film cameras and/or digital cameras and consent to such photographs of my (our) child as well as subsequent publication in media including, but not limited to, the following: internet, newsletter, newspaper, and/or periodical.

I (We) hereby waive my (our) claim to a lawsuit against the Archdiocese of Miami or any such persons for any liability arising out of my (our) child's participation in this activity.

\_\_\_\_\_  
Signature Signature Date

### **MEDICAL INFORMATION FORM**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Name of Father/Legal Guardian: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

Name of Mother/Legal Guardian: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

Name of Parish: St. Elizabeth Ann Seton

Name of Family Doctor: \_\_\_\_\_ Tel No: \_\_\_\_\_

Name of Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Is your child taking any medication? YES NO

If yes, Type/Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Doctor: \_\_\_\_\_