

SERVICE PROJECT PERMISSION RELEASE

BLANKET HEALTH INFORMATION/RELEASE FORM & PERMISSION

TO BE USED FOR PARTICIPATION IN ST. MARY CHURCH SERVICE PROJECTS
(i.e. St. Al's Food Distribution, Haven of Rest, ALS Walk, etc.)

IF ANY MEDICAL OR INSURANCE INFO CHANGES, PLEASE CONTACT THE LIFE TEEN OFFICE.

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### **PERMISSION STATEMENT** **TO BE COMPLETED BY PARENT/GUARDIAN OF TEEN**

I \_\_\_\_\_, AM THE \_\_\_\_\_  
Father, Mother, Custodial Parent, Legal Guardian  
OF \_\_\_\_\_. I HEREBY REQUEST PERMISSION FOR THE ABOVE  
NAMED CHILD TO PARTICIPATE IN ANY ST. MARY CHURCH SERVICE PROJECTS.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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HEALTH INFORMATION/RELEASE FORM

Participant _____

Parent/Guardian Names _____

Address (street/city/state/zip)

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact _____ Phone _____

Medical Insurance _____ Policy # _____

Allergies, conditions, dietary restrictions, special needs, medical concerns of which we should be aware:

To the best of my knowledge, all the above information is correct and true. In case of medical emergency, in the event that I cannot be contacted, I hereby GIVE PERMISSION to the attending physician to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child. My request releases St. Mary Parish of Hudson, Ohio and the Catholic Diocese of Cleveland in case of injury. St. Mary LIFE TEEN staff and chaperones will not be held responsible or liable for any injury or loss of property.

PARENT SIGNATURE _____ DATE _____

To the best of my knowledge, all the above information is correct and true. In case of medical emergency, I am NOT GIVING PERMISSION for transportation, or medical attention for my child. My request releases St. Mary Parish of Hudson, Ohio and the Catholic Diocese of Cleveland in case of injury. St. Mary LIFE TEEN staff and chaperones will not be held responsible or liable for any injury or loss of property.

PARENT SIGNATURE _____ DATE _____