

# Mission Trip 2018 Permission Slip SNPJ

Recreation Center • 270 Martin Road • Enon Valley, PA 16120

June 17 – 22, 2018

NAME	AGE	M	F	SEX
ADDRESS	CITY	STATE	ZIP	( ) PHONE
SCHOOL	GRADE	BIRTHDATE	PARISH	

## PERMISSION

I/we, the parents or guardians of the above mentioned child, for myself/ourselves and for my/our child, give permission for my/our child to participate in the above mentioned event on June 17-22, 2018

## MEDICAL AUTHORIZATION

In the event of any injury or illness to my/our child during his/her participation in this event, I/we hereby give my/our permission for the necessary medical treatment to my/our child.

I/we, for myself/ourselves, for my/our child, our respective heirs, and my/our respective legal representatives, do hereby indemnify and hold harmless St. Bernard Parish, Angela Gaughan, St. Louise de Marillac Parish, Jason Zych, St. Maurice Parish, Jo Ann McLaughlin-Klemencic, all other parish volunteers, or the Roman Catholic Diocese of Pittsburgh and from any and all claims, demands, and courses of action of whatever kind and nature for their actions taken pursuant to this authority.

I/we, agree that in case of injury to my/our child, I/we will apply my/our hospitalization and/or accident insurance toward payment of the expenses incurred and will not look to: St. Bernard Parish, Angela Gaughan, St. Louise de Marillac Parish, Jason Zych, St. Maurice Parish, Jo Ann McLaughlin-Klemencic, all other parish volunteers, or the Roman Catholic Diocese of Pittsburgh for the payment of any medical costs or injury related costs.

Home # \_\_\_\_\_

Parent/Guardian Signature

Cell # \_\_\_\_\_

Parent/Guardian Phone Number

Insurance Company

Policy Number

Name and Phone Number of Person if parent/guardian is not available

**OVER>>**

## CONSENT TO TREAT

I/We, the undersigned parent(s)/guardian of \_\_\_\_\_, a minor, do hereby authorize treatment of my/our child by a licensed medical physician in case of any accident or illness that may so arise, or any hospitalization necessary.

\_\_\_\_\_  
Father/Legal Guardian

\_\_\_\_\_  
Mother/Legal Guardian

Date: \_\_\_\_\_ this consent form will remain effective until June 22, 2018

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes...

1) **Medications:** My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. My child will be responsible to administer his/her own medication.

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

2) I hereby grant permission for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

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

3) No medicating of any type whether prescription or nonprescription may be administered to my child unless the situation is life-threatening and emergency treatment is required.

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

Any known allergies: \_\_\_\_\_

Any physical limitations: \_\_\_\_\_

Any medically prescribed dietary needs?: \_\_\_\_\_

Are you a vegetarian?  YES  NO

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting?

YES  NO

If yes explain: \_\_\_\_\_

**OVER>>**