

St. Henry Church
Parental Consent Form

Activity _____

Name of Minor _____ Date of Birth _____

Address _____
street city zipcode

Medical Information

Allergic Reactions _____

Present Medication _____

Date of last tetanus _____

Past illness or other information useful in treatment _____

Insurance Information

Insurance Company _____ Group Policy Number _____

In case of emergency

Home Phone _____ Work Phone _____

One additional name and number _____

Permission Statements

I grant permission to the chaperons to act on my behalf for said minor in granting permission for evaluation and treatment of medical problems. I understand that should a major medical problem arise, an attempt will be made to notify me by telephone. In the event that I cannot be reached I hereby give my consent to such treatment as deemed necessary (including surgery, x-ray examinations and anesthesia to be rendered to said minor by a licensed physician, nurse).

Signed (Parent or Legal Guardian)

I understand that if private vehicles are used to transport minors, St. Henry Church and the Diocese of Nashville have no insurance coverage for that vehicle.

Signed (Parent or Legal Guardian)

Further, I release the Diocese of Nashville/St. Henry Church, staff, chaperons and drivers from any claims connected with participation of said minor in this event.

Signed (Parent or Legal Guardian)