

**Saint Dennis Parish Individual Permission Form
Parental/Guardian Authorizations- Required for All Students**

I hereby give permission for my child _____ to participate in the Saint Dennis Parish Ultrazone Trip on March 9, 2019. I hereby release and indemnify Saint Dennis Parish, its staff, volunteers, the Diocese of Madison, the Catholic Bishop of Madison (a corporation sole) from any and all liabilities arising from claims of any kind or nature whatsoever from my child's participation in this event.

Signature of Parent/Guardian

Date

Address, City & State

Area Code & Phone

Trip confirmation will be emailed. Email address: _____

Circle One: Faith Formation Student

School Student

Friend

Authorization to Consent to Treatment of Minor

I, the undersigned parent or legal guardian of _____, a minor, do hereby consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment which is deemed advisable by, and is to be rendered under the general supervision of a physician or surgeon.

It is understood that this authorization is given in advance of any specific diagnosis of treatment being required. It is given to provide specific consent to any and all such diagnosis or treatment which the aforementioned physician or surgeon in the exercise of his/her best judgment may deem advisable and neither the physician, surgeon, or any organization involved assumes any financial responsibility for acting under the authority granted by this consent authorization.

Allergies: _____

Current Medications:

Signature of Parent/Guardian:

Physician/Clinic:

Emergency Contact:

Tel. # () _____

Insurance Information

Policy in the name of: _____

Insurance Company: _____

Registration Information

Participant's Name: _____

Date of Birth: ___ / ___ / _____

Home Tel.#: () _____

Parent/Guardian Name _____

Work Phone #: () _____