

**PARENT-GUARDIAN
CONSENT /RELEASE FORM**

We, the parents/guardians of _____ do hereby give our permission for
him/her to go to _____ on _____.

Date _____ Parent/Guardian Signature _____

Date _____ Parent/Guardian Signature _____

We do hereby release and forever discharge St. Mary Church, the Diocese of Greensburg and designated chaperones and drivers from any/all actions or suits in law or equity which we might hereafter have by reasons of injuries sustained by our son/daughter participating in the above-mentioned activity.

In case of emergency, contact us at this phone number () _____

If we are unavailable, contact (name/relationship) _____
(phone number) () _____

Our Insurance Company is _____ Policy Number _____

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____

PLEASE COMPLETE THE FOLLOWING:

Name of Student _____ Home Phone _____

Address _____ City _____ Zip _____

Age _____ Grade _____ School/City _____

Parish/City _____

Indicate any illness or allergies of which we should be aware. Also, if the student will be taking, any prescription medication, please note below: