

Diocese of Grand Rapids

Medical Treatment Release Form

To Whom It May Concern:

As a parent/guardian, I do hereby authorize first aid/medical treatment of my child in the event of an emergency, which may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. It is understood that efforts will be made to reach me as soon reasonably possible.

Name of Child: _____ Relationship to you: _____

Reason which release is intended: Assumption of the Blessed Virgin Mary Activities

Address of child: _____ Phone: _____

City: _____ State: _____ Zip: _____

Emergency Phone: _____

Family Physician: _____ Phone: _____

Address: _____ City: _____

List allergies, medication, contacts, or other pertinent comments:

Health Insurance Date:

Company: _____ Policy #: _____

Group #: _____ Contract #: _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

I certify that I am the (check one) _____ custodial parent _____ legal guardian of the minor child named above, and I agree to the above terms for myself and for my minor child.

Date: _____ Signature: _____

(parent or guardian)

See next page for signature

Parent Consent Form:
Assumption of the Blessed Virgin Mary Parish
6391 Belmont Ave.
Belmont, MI 49306
616-361-5126 ext. 258

Purpose for release:

Off site Greater Grand Rapids

The undersigned does hereby grant permission for my child to participate in any/all youth related activities sponsored by Assumption of the Blessed Virgin Mary Parish. I do hereby authorize the treatment of my child by a qualified and licensed Medical Doctor in an emergency, which in the opinion of the attending physician may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. Inconsideration of my child being allowed to participate in this event, I agree to indemnify and hold harmless Assumption of the Blessed Virgin Mary Parish, any and all affiliated organizations their employees, agents and representatives, from any and all claims, including negligence, arising from or relating to my child's participation in this event. This indemnification and wholly harmless agreement does not apply to claims for intentional misconduct or gross negligence.

**ALL PERMISSION FORMS MUST BE COMPLETELY FILLED OUT
BOTH FRONT AND BACK.**

[This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.]

Date: June 2007 to June 2008

Signed: _____
(Parent or Guardian)