

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT
AND RELEASE OF ALL CLAIMS**

Year _____

To be completed by parent/guardian of minor. Return along with registration form.

Name _____ Birth Date _____ Sex _____ Age _____ Grade _____

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Parent/Guardian _____ Phone(____) _____

Home Address _____

Employer Name _____ Phone(____) _____

If not available in an emergency, please notify:

Name _____ Phone(____) _____

Dentist/Orthodontist _____ Phone(____) _____

Family Physician _____ Phone(____) _____

Do you carry medical/hospital insurance? Yes ___ No ___ If yes, please indicate:

Company _____ Policy/Group No. _____

Food/drug allergies _____

Surgeries(what/when) _____

Disability/Chronic Illness _____

Is participant taking medication prescribed by a physician now? Yes ___ No ___

If so, please list all prescribed medications, size of the dose, reason for drug, and prescription physician _____

RELEASE OF ALL CLAIMS

In consideration of the permission granted to the above-named by the Archdiocese of Portland to participate in Parish Religious Education. I release the Archbishop of the Archdiocese of Portland, the Archdiocese, its agents and employees from all actions, causes of action, damages, claims or demands which I, my heirs, executors, administrators, or assigns may have against the Archdiocese of Portland and other above described parties, for all personal injuries or other claims for relief known or unknown which said participant has or may incur by participating in the above-described activity/event and which would normally occur as an assumed risk of participating in said activity or activities. I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance. In witness whereof, I have executed this release on the _____ day of _____ (month & year).

ADULT/PARENT/GUARDIAN

SIGNATURE _____

Date: _____