

Dear Parent or Legal Guardian:

Your son/daughter/guardianship is eligible to participate in a parish activity at a location away from the parish site. This activity will take place under the guidance of adults from Holy Infant. A brief description follows:

Activity: Paint windows at Duke Hospital Children's Ward  
Location: Duke Hospital, 5<sup>th</sup> floor lobby  
Start Date/Time: \_\_\_\_\_ / meet at Holy Infant at 6:00pm  
End Date/Time: \_\_\_\_\_ / return to Holy Infant ~9:30pm  
Method of Transportation: Cars driven by Youth Ministers and/or adults from the parish.

If your child may participate in this event, please complete, sign, and return the following statement of consent and release of liability. As a parent or legal guardian, you remain fully responsible for any liability which may result from personal actions taken by your son/daughter. **If your youth brings or uses drugs, alcohol, weapons, or tobacco products or engages in reckless or violent behavior, you will be expected to retrieve your son/daughter from the event.**

I hereby consent to participation by my child, \_\_\_\_\_, in the event described. I further consent to the conditions stated above on participation in this event, including the method of transportation.

I release the Diocese of Raleigh, Holy Infant Catholic Church, and their agents and volunteers from any injuries which may be incurred by my youth.

I give permission for my child, in the event of an emergency, to be taken to a physician or hospital by either an adult youth leader or diocesan or parish personnel. I understand that every effort will be made to contact me. *If I cannot be reached*, however, I hereby give permission to the physician selected by the adult in charge to hospitalize and secure proper treatment, including surgery, for my son or daughter.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Complete only if changes have occurred since your last medical release form was submitted.**

**Please print clearly.**

Participant's Full Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Social Security number \_\_\_\_\_

Medical insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

Parent(s)' Name(s) \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone or Other Number \_\_\_\_\_

Emergency Contact other than parent \_\_\_\_\_ Phone \_\_\_\_\_

Allergies, or medical/physical/dietary restrictions/requirements \_\_\_\_\_

Medications currently taking (including over the counter) \_\_\_\_\_