

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/Newman Center. A brief description follows:

Activity: Visit Ronald MacDonald House – Play bingo & bake cookies with kids/families
Location: 506 Alexander Avenue, Durham, NC 27705
Start Date/Time: Thursday (fill-in date)_____ – meet at Holy Infant at 6:30pm
End Date/Time: Thursday (fill-in date)_____ – return to Holy Infant ~9:00 pm

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 2010-2011 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) _____