

Catholic Community of Wilmington and South Tewksbury

Day of service Grade 9 and 10

Saturday, November 4th, 2017

Full Name of Student (please print): _____

Date of Birth: _____ Age: _____ Grade _____

Full Name of Parent or Guardian (please print): _____

Phone Number of Student: _____ Phone Number of Parent: _____

Email Address: _____

Mailing Address: _____

Street

City

zip

Name of School: _____

Please list Pertinent Medical Conditions: _____

Name of Emergency Contact: _____

Phone Number(s) of Emergency Contact: _____

Insurance Information: Health Ins. Co. _____ Policy # _____

Pediatricians Name: _____ Phone # _____

By signing this release form I acknowledge that I represent the Parish of St. Thomas and St. Dorothy's and I will conduct myself with integrity and respect at all times. I also release St. Thomas and St. Dorothy's as well as any member of Parish Staff as well as volunteers for the day of any liability for personal injury or any damages resulting during the date of the activity.

Signature of Student: _____ **Date:** _____

Signature of Parent or Guardian: _____ **Date:** _____

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I authorize my child to be given the following medications if necessary during the event:

Please circle any that you feel would be appropriate.

Tylenol

Ibuprofen

Benadryl

Please list any know allergies: _____

Are there any other medications that your child will be taking during this event: Yes/No

Please List:

In the event of an emergency during this event and we are unable to reach all person(s) listed on the emergency form. We are hereby given permission to the bearer of this form to allow any doctor or4 medical facility to administer an anesthetic and perform such emergency procedures as may be necessary for the child.

This information will be held ONLY by Deborah Casey, Program Director

Parent Signature required: _____ Date: _____

All information must be completed to enable the child to attend.