

**St. Thomas More~ Permission, Health and Medical Release Form**

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*In case of emergency and parent/guardian cannot be reached, alternate contact is:*  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Insurance Information:**

Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
Policyholder: \_\_\_\_\_ **Please attach a copy of your insurance card.**

**Health Information:** Please identify any chronic or recurring illness or medical condition that should be known to the supervisor of the activity:

\_\_\_\_\_

Activity or dietary restrictions **(if you need special foods, please alert the Supervisor of Activity):**

\_\_\_\_\_

If needed, my child may be given (circle each approved):      ASPIRIN    ACETOMINAPHEN    IBUPROFEN  
Other: \_\_\_\_\_

*If you would like your child to participate in this event, please complete, sign and return this statement of consent. As parent or legal guardian, you remain fully responsible for any legal responsibility that may result from any personal actions taken by the named student. Participating adults must fill out the medical information and sign below.*

**Statement of Consent**

Your child/legal dependent is eligible to participate in an activity at a location away from the parish site. This activity will take place under the supervision of St. Thomas More, Coralville \_\_\_\_\_  
Supervisor of Activity: Michelle Montgomery Volunteer Chaperone(s): \_\_\_\_\_

Date/Activity/Destination: Departure Place/Time: All depend on the gathering of St. Thomas More youth group  
Return Place/Time: To be determined by St. Thomas More Church, Coralville  
Method of Transportation: private vehicles Regina High School bus \_\_\_\_\_

I give permission for my child/legal dependent to participate in the above mentioned activity, sponsored by St. Thomas More, Coralville. I submit that this health history is accurate and correct so far as I know, and the person described herein has permission to engage in all planned activities, except as noted by me or examining physician. In the event of sickness or accident, the adults supervising this activity have my permission to secure medical care for my child/legal dependent. I hereby release the Diocese of Davenport, St. Thomas More, Coralville and all adult sponsors from any and all claims arising out of or from any accident or other occurrence, causing injury to any person or property, during this event. *This information may be shared with other adults from the parish for the benefit of my child/legal dependent.* In the event of an emergency, I hereby give permission to the physician selected by the adult/s supervising this activity to secure proper and adequate treatment including hospitalization, injection, anesthesia or surgery for myself, if of majority age, or the child/legal dependent listed, if a minor. I accept responsibility for all medical/surgical treatment charges, which may be incurred.

**Photo Release:** Pictures of my child/legal dependent taken during event may be used in print or electronic media to publicize future events, unless I indicate to the Supervisor of Activity in writing to the contrary.

Parent/Guardian signature (if participant is a minor): \_\_\_\_\_ Date: \_\_\_\_\_  
Adult participant signature: \_\_\_\_\_ Date: \_\_\_\_\_