PEER MINISTRY

Parental Release & Emergency Contact Form This form covers all scheduled sessions, gatherings and retreats per the PM Calendar

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|--|--|--------------|--------------------------------|---------|--|--|--|--|--|--|
| Name: | First: | MI: | Last: | Last: | | | | | | |
| Address: | | | Home Phone: | | | | | | | |
| City, State, Zip | | | Birth Date: | / / | | | | | | |
| We (I) give permission our (my) child to attend and participate in the Peer Ministry Team events sponsored by Holy Trinity Catholic Church during the year beginning September 2013 – May 2014. This includes the Leadership Workshop in September, the monthly team meetings, retreats and any other events sponsored by the parish/RE Department. I know that all possible care and safety will be provided for my child during the above-named activity. Therefore, in granting my permission, I release from all liability and waive all claims against Holy Trinity Catholic Church, church staff, and church volunteers for any harm to my child that may occur during this activity, including but not limited to accident, injury, illness, or property loss. I understand that I must pick up my child at the times indicated. | | | | | | | | | | |
| Parent/Guard | t/Guardian Name (print) Parent/Guardian Signature and Date | | | | | | | | | |
| CONTACT INFORMATION - PLEASE PRINT | | | | | | | | | | |
| Parent/Guardian 1 | | | Parent/Guardian 2 | | | | | | | |
| Name: | | | Name: | | | | | | | |
| Home: | | | Home: | | | | | | | |
| Cell: | | | Cell: | | | | | | | |
| Email: | | | Email | | | | | | | |
| | | | | | | | | | | |
| PHOTO PERMISSION | | | | | | | | | | |
| I Grant Permission to Holy Trinity Catholic Church to take and publish pictures of my child on the church's web site or in the church's publicity information, newsletters, bulletins or other printed material. I further state that I have the right to grant or refuse this permission, as I am the child's Initial: | | | | | | | | | | |

parent/legal guardian.

HEALTH INFORMATION & MEDICAL RELEASE FORM

This information remains confidential.

| Child's Name: | First: | | MI: | | Last: | Last: | | | | | | |
|--|--------------|----------------|----------|------------------------|---------------------|---------|--------------|-----|----|--|--|--|
| Gender | M | F | | Birth Date | e: | | | | | | | |
| | | | | | 1 | • | , | | • | | | |
| Insurance Information (remains confidential) | | | | | | | | | | | | |
| Insurance Co: | | | | | | ID #: | | | | | | |
| Policy Holder Name: | | | | | Po | licy #: | | | | | | |
| | Group | | | | | | | | | | | |
| Allergies (Environmental, Food, Drug) & Chronic Conditions | | | | | | | | | | | | |
| 2. Tomore Continues and Continues Co | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Medications your child is taking: | | | | | | | | | | | | |
| Medications your china is taking. | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| My child may take the following OTC: Circle all that apply Tylenol Ibuprofen Aspirin Other: | | | | | | | | | | | | |
| TI Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z | | | | | | | | | | | | |
| Immunization & TB Information | | | | | | | | | | | | |
| 1. Immunizations Up To Date? | | | | No 3 | . Last T | B Test | Date: | 1 1 | | | | |
| 2. Tetanus Shot Up To Date? | | | No 3 | a. TB Result Negative? | | | | | No | | | |
| | | | | | | | | | | | | |
| | | ERGENCY | | | | | | | | | | |
| In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the attending physician. | | | | | | | | | | | | |
| treatment. I wish | to be davise | a prior to any | rartifei | i deddinent (| y the atter | ung pr | i y si ciuii | • | | | | |
| | | | | | | | | | | | | |
| Parent/Guardian Signature | | | | | | Date | | | | | | |
| | | | | | | | | | | | | |
| ALTERNATE CONTACT | | | | | | | | | | | | |
| In an emergency, if you are unable to reach the parent/guardian contact the following: | | | | | | | | | | | | |
| Name: | | | | Rela | ationship to child: | | | | | | | |
| Home Phone: | | | | Cell | Cell: | | | | | | | |