Permission & Liability Release – MIDDLE SCHOOL FUN NITE
Our Lady Queen of Peace School

401 S Owen Dr, Madison, WI 53711

$5 + two food items for SVdP

2017 Middle School Event: Friday, October 20 7:00 – 9:30 pm
Designated Supervisor: Kevin Sullivan, DRE + Westside Catholic Youth Ministry Network youth ministers
Transportation: none provided

I hereby consent to participation by my child, _____, in the event described above. I understand that this event will take place away from the parish grounds and that my child will be under the supervision of the designated parish employee on the stated dates. I further consent to the conditions stated for this event, including the method of transportation.

_____ _____ _____
Print Parent/Guardian Name Signature of Parent/Guardian Date

Parent Phone Numbers: _____ _____ _____
Home Cell-Father Cell-Mother

☐ I am Interested in Chaperoning!

Anyone found using illegal substances, or disruptive and/or dangerous behavior will be sent home. Parents will be responsible for transportation home. Student's signature below (necessary to participate) is his/her agreement to behave in a respectful, responsible manner during the retreat.

_____ _____
Signature of Student Date

Medical Release

I grant permission for the administration of first aid care to _____ by the people in charge of the St. Bernard Retreat and transportation of my son/daughter during the retreat as their judgment deems advisable, and to make necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand that I will be promptly notified in the event of any serious illness or accident and prior to any major surgery except when delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed necessary for my son/daughter.

Signature _____ Date _____

Address _____

Insurance Coverage (Optional) _____ _____
(Company Name) (Policy Number)

Does this student have allergies? _____ Any students needing medication must bring it along.

Does your son/daughter take prescription drugs or have any medical condition that we should be aware of?

_____

Does your son/daughter have special dietary needs? _____

Please list medications and how often taken:

_____

_____