

St. Francis and St. Mary Parish Permission Slip For Youth Activities

Authorization for Medical Treatment

I hereby authorize the treatment, administration of anesthesia, surgical treatment (s) for my minor son / daughter _____, in the event of a medical situation occurring during my absence or when the hospital or physician(s) and nursing personnel within the hospital or employed by the physician's as well as any physician and physician's staff where treatment is rendered in the physician's office. I release from medical responsibility and liability the hospital, physician(s) and nursing personnel from performing medical procedures acting on the authority of this medical treatment consent form which such medical providers deem necessary for my minor child.

Date this _____ day of _____, 2016 until May 1, 2018

Signature of Parent or Guardian _____

RELEASE

In consideration of St. Francis and St. Mary Parish and the Diocese of Green Bay arranging any events the undersigned parent or guardian of _____,
(Name of Student)

Do you give permission to use any photographs taken at events (trips) for the parish website, religious education facebook page and or other promotional material? Yes No

Date from this _____ day of _____, 2016 until May 2018.

(Signature of Parent or Guardian)

(Signature of Students)