

Our Lady of the Snow's Youth Ministry
301 South State St. - Clarks Summit, PA 18411
Parent Consent and Release Form for
Habitat for Humanity, Franklin West Virginia
June 28 - July 5th 2008

Student Name: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____
E-Mail: _____ GRADE: _____

I, _____ (parent/guardian) _____ the undersigned, give permission for my son/daughter _____ to attend the OLS Youth Ministry Sponsored event coordinated by Our Lady of the Snows Parish, Clarks Summit, PA, and if needed, to be evaluated, diagnosed, treated and/or medicated in accordance with standard medical practice by licensed medical personnel.

I relieve our Lady of the Snows Parish and the Diocese of Scranton of all responsibility and consequences that may arise as a result of this treatment. I will not hold the Diocese of Scranton, Bishop Joseph F. Martino, Our Lady of the Snows Parish, or its chaperones or representatives associated with this event, responsible in the events of injury. Further, I agree to accept any and all financial responsibilities as a result of scheduling such treatment.

Medical information:

My child is allergic to: _____ Reaction _____

Medications taken: dosage, frequency: _____

Insurance Carrier _____:

Policy No. _____

Last Tetanus Booster: _____

In case of emergency notify: _____ Phone _____

Relationship to youth _____

Signature of Parent _____ Date _____