

St. Gabriel Parish - Junior High Summer Kamp - June 13-17, 2011

Parental Consent Form

I/we the parents or legal guardians of _____ a minor, do hereby grant permission for our child to participate in the St. Gabriel Junior High Kingdom Kamp to be held at St. Gabriel Parish, Penitentiary Glen, Deepwood, Cleveland Food Bank, St. James-downtown Painesville, West Side Market and Sagrada Familia Catholic Church both located on the Near West Side of Cleveland, Fairport Harbor Beach, and Cedar Point. Students will be transported by bus on Wednesday and Friday and in carpools on Tuesday, our service day and therefore, agree, by my/our signature (s), to release, absolve, indemnify, hold harmless and defend St. Gabriel Parish, the Roman Catholic Diocese of Cleveland and it's Bishop and all Catholic churches or parishes and any and all pastors, employees, chaperones, volunteers and representatives associated with the event, from any claim or damages to any person or property, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, the Diocese of Cleveland, it's Bishop and all Catholic churches or parishes and any and all pastors, employees, chaperones, volunteers and representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith. This includes any and all claims against any person or persons transporting my/our child to or from any activities herein the above named Kamp.

X _____
Parent's signature _____ Date _____

Authorization for Medical Treatment

Student's Name _____ Age _____ Student's cell phone # _____
Mom's Name(s): _____ Dad's Name _____
Address: _____
City: _____ State: _____ Zip: _____
Family Physician Name _____ Phone _____
Family Dentist _____ Phone _____

Telephone Numbers for Parent or Guardian, in the event of an Emergency: Home phone #: _____
Mom's work phone #: _____ Mom's cell phone #: _____
Dad's work phone #: _____ Dad's cell phone #: _____
Health insurance carrier _____ Name of policyholder _____
Policy/Member number _____ Group number _____

In the event of injury or illness, I (we), the parent (s) or legal guardians (s) of this participant, hereby grant our permission for said participant to be taken to a doctor or hospital and hereby authorize medical treatment, including, but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills. I give permission for the release of medical records to an attending physician in case of illness. I agree not to hold St. Gabriel Parish, its staff, chaperones or volunteers liable for any medical bills or injuries that my child may incur. St. Gabriel does not provide health insurance coverage for children and it is presumed that parents have insurance.

Signature of Parent/Legal Guardian: _____ Date: _____

The following includes any medical problems your child may have (ie), asthma, allergies, including food allergies, or food preferences, hearing difficulties, back troubles, seizures, or any other facts to which the staff, a physician or dentist should be alerted: _____

Any recent major illnesses: _____

Presently on any medication? Yes ___ No ___ If "Yes" please list all medications needed and times of intake: _____

Date of last tetanus shot _____

Any and all information concerning the above named child's history including allergies, medications and physical impairments, has been reported in this registration form. In the event of an emergency, I authorize St. Gabriel to share the completed registration information packet with persons related to the treatment of the above named program member. I agree to all of the above statements, and that they are accurate and true.

Parents/Guardians Signature

Date

OVER PLEASE