

PERMISSION SLIP and LIABILITY FORM

Archdiocese of Portland Rise-Up Rally

Student/Youth Information and Permission Form

Event: Rise Up Rally

Date(s): March 10, 2012

Youth Last Name	Youth First Name	Home Phone
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Address _____ City _____ State _____ Zip _____

School Attending _____ Grade Level _____

Parent(s)/Guardian(s) _____

Person with whom youth is living _____

In case of illness, accident or emergency to the youth named above, the Archdiocese of Portland, and its representatives are authorized to proceed as indicated below. (**Thoroughly** complete the following information and **number** each item in the order of desired action you wish us to take).

No. _____ Contact _____ Day phone _____ Other phone _____

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No. _____ Contact Family Physician _____ Phone _____

No. _____ Take Youth to Nearest Emergency Hospital _____

No. _____ Other _____

Medical History/Information

Date of Birth _____

Last Tetanus immunization or booster date _____

Allergies (food, drugs, insects, etc.) _____

Current medication (state name, dosage, reason, time, and physician) _____

Please note any injuries, recent surgery, prolonged illness, corrective lenses or special health problems that would help emergency personnel care for your child, or which may require special attention.

Please indicate any disabilities _____

Name of Medical Insurance Company _____

Group or ID Number _____

By checking the box I DO NOT give my permission for my teen to have his/her picture taken or video captured for future promotional materials of the event.

I authorize the Archdiocese of Portland and its representative to use their judgment in determining emergency care and procedures for my child. I also understand and agree that the Archdiocese assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

Parent/Guardian Signature

Date

Parent Email _____ Youth Email _____