

INTER-PARISH RELIGIOUS FORMATION (IPRF)

Inter-Parish Religious Formation (IPRF) Waiver / Permission Form

Please allow my child, _____ to attend _____ at (location) _____ on (date) _____ at (start / end times) _____.

Transportation will be provided by (circle one) parent or IPRF. In consideration of IPRF organizing this event, the parent / legal guardian of the minor child listed above hereby releases and agrees to hold harmless IPRF, St. Mary Parish, Appleton, and St. Joseph Parish Appleton or any of its advisors, chaperones or persons connected with the event from liability, claims or damages for personal injury, property loss or other damage which may result during the above event.

The undersigned minor hereby agrees to abide by the rules established for this event:

Child's signature: _____ **Birthdate** _____

Address: _____ **Grade:** _____

City / Zip _____ **Phone:** _____

Parish: _____

According to Diocese of Green Bay policy, participants in parish events are to be covered by insurance for any travel, competition or performance. It is the responsibility of the parent to provide this insurance coverage.

Contacts: please include one in addition to parent in the event that parent cannot be reached:

Parents: _____ **Phone (home)** _____

_____ **Phone (alternate)** _____

Relative / Friend _____ **Phone** _____

Doctor _____ **Phone** _____

Dentist _____ **Phone** _____

Insurance Company _____ **Group #** _____

Please list any medical conditions which may effect your child's participation in this activity:

Authorization for Medical Treatment

I hereby authorize the treatment, administration of anesthesia, surgical treatment(s) for my minor child, _____ in the event of a medical situation occurring during my absence or when the hospital or physician are unable to contact me. This authorization extends to any hospital, physician(s), and medical personnel within the physicians' staff where treatment is rendered in the physicians 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 / ward.

Signed this _____ **day of** _____ **and valid for one year.**

Signature of Parent / Legal Guardian