

**HEALTH INFORMATION & RELEASE**  
**OF LIABILITY/CONSENT TO TREAT**



STUDENT'S FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

*Grade* \_\_\_\_\_ *Birth Date* \_\_\_\_\_ *Male/Female* \_\_\_\_\_

*Parish* \_\_\_\_\_ *Parish City* \_\_\_\_\_

*Are you currently under the care of a physician? Y/N*

*If yes, explain* \_\_\_\_\_

*Name of Family Physician* \_\_\_\_\_ *Phone* \_\_\_\_\_

*Last Tetanus Shot* \_\_\_\_\_ *Allergies to Drugs or Foods* \_\_\_\_\_

\_\_\_\_\_ *If my child has special dietary needs, I will provide meals for the week-end for him/her.*

*Special medications or pertinent medical information* \_\_\_\_\_

*Blood Type* \_\_\_\_\_

*Name of parent(s)/Guardian(s)* \_\_\_\_\_

*Home Phone* \_\_\_\_\_ *Emergency Phone* \_\_\_\_\_

*Health Insurance (for emergency purposes only)*

*Company* \_\_\_\_\_

*Policy #* \_\_\_\_\_ *ID#* \_\_\_\_\_

I/We request that my/our son/daughter attend ANTIOCH under the auspices of the Antioch program to be held at Saint Rose of Lima Church, East Hanover, NJ on January 15 – 16, 2022. I/We have read the forgoing health/release of liability/consent to treat form and the answers are all correct. I/we can be reached at the telephone number referred to above, but if emergency medical care or treatment shall be necessary and if I/we cannot be contacted, I/we authorize the delegated agents of the Antioch Program to act on my/our behalf and approve treatment.

**Release of liability:** In consideration of the Antioch Program accepting my/our son/daughter's registration for this event and in consideration of the Antioch Program accepting my registration, hold harmless and discharge the Antioch Program, its officers, trustees, employees, volunteers, agents, and affiliates of and from any and all liability, claim, loss, damage, cost, or expense and waive any such claims against any such person or organization arising directly or indirectly from attributable to any action or omission to act of any such person or organization in connection with this event and I/we further agree to indemnify and hold harmless the Antioch Program and its aforesaid affiliated personnel from any such liability, claim, loss, damage, cost or expense.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian