

Corpus Christi Parish

Office of Evangelization – Family Ministry
212 Station Street Bridgeville, PA 15017 412-897-047

Permission Form

Corpus Christi Parish - Follow the Star
Name of Activity

Sunday, December 19, 2021
Date(s)

Child's Name

Age

Sex

Address

City

State

Zip

Phone

Birthdate

PERMISSION

I/we, the parents or guardians of the above mentioned child, for myself/ourselves and for my/our child, give permission for my/our child to participate in the above mentioned activity on the above written dates.

Parent/Guardian Signature

Date

MEDICAL AUTHORIZATION

In the event of any injury or illness to my/our child, I/we will apply my/our hospitalization and/or accident insurance toward payment incurred and will not look to Corpus Christi Parish or the Roman Catholic Diocese of Pittsburgh for the payment of any medical costs or injury related costs.

Parent/Guardian Signature

Date

Insurance Company

Policy Number

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage are as follows:

Any known allergies?: _____

Any medically prescribed dietary needs?: _____

Any mental/behavioral/social or emotional needs that we should be aware in order to help your child have the most enriching experience possible (continue on back as necessary)? _____

Parent/Guardian Signature: _____ Date: _____

Emergency Contact Name, Phone Number and relation to child