

STUDENT RELEASE FORM FOR PARISH ONE DAY TRIP

**Permission to participate in the
St. Ann, St. Ignatius, St. Thomas the Apostle, St. Hugh & Our Lady of Consolation Parishes'
Trip to Washington, DC, for MARCH FOR LIFE
on Friday, January 18, 2019.**

STUDENT NAME			AGE	BIRTHDATE	Male - Female GENDER
ADDRESS	CITY	STATE	ZIP	PHONE NO.	
PARISH REGISTERED AT	SCHOOL DISTRICT			GRADE (entering in Fall)	

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 trip, on **January 18, 2019**.

Name of person if other than parent/guardian who will pick-up child following trip.

MEDICAL AUTHORIZATION

In the event of any injury or illness to my/our child during his/her participation in this event, I/we give my/our permission for the necessary medical treatment to my/our child.

I/we, agree that in case of injury to my/our child, I/we will apply my/our hospitalization and/or accident insurance toward payment of the expenses incurred and will not look to St. Ann, St. Ignatius, St. Thomas the Apostle, St. Hugh & Our Lady of Consolation Parishes' or the Roman Catholic Diocese of Pittsburgh for the payment of any medical costs or injury related costs.

Parent/Legal Guardian **Signature**

Parent/Legal Guardian **Phone Number**

Insurance Company

Policy Number

Name and Phone Number of Person if parent/guardian is not available

Please complete the CONSENT TO TREAT form (on back).