

Name of Parish: Saint Michael the Archangel – Day at Six Flags Over Georgia

PARENTAL CONSENT AND EMERGENCY MEDICAL RELEASE FORM I/We the parent(s) of: (please print)_____ do hereby give my/our approval for him/her to participate in a day at Six Flags Over Georgia, on July 22nd that is sponsored by St. Michael the Archangel Life Teen. I understand that I will be responsible for dropping off my teen at 10:30am at Six Flags Over Georgia, 275 Riverside Parkway, SW, Austell, Georgia 30168 and will pick them up at 9pm. I/We do hereby, for myself, my heirs, executors, and administrators, waive, release, absolve, indemnify and agree to hold harmless any and all adults who chaperone, also the Archdiocese and its representatives, successors, supervisors, sponsors, organizers and participants for any injuries in connection with the program named above. I likewise release from my responsibility any person transporting my child to and from any of the activities. I/We hereby grant permission for publication of group (two or more persons) photos taken at youth events.

I/We also give permission to seek any emergency care should my child be involved in any accident or be injured in any way during such events named above. I/We understand that in any such instance, all attempts will be made to contact the parent/guardian. In the event that I/we cannot be contacted, I/we hereby give permission to the attending physician to hospitalize, secure treatment for, and to order injection, anesthesia, and/or surgery for my child, as named herein.

I also agree that I am legally responsible for all/any personal actions taken by my child/guardianship during this event, and agree to be financially responsible for any/all damages, legal fees, and other costs incurred as a result of the actions/behavior of my child/guardianship.

Furthermore, I/we agree that if the above named student's behavior is inappropriate, unsafe and/or detrimental to the group, I will be contacted immediately to secure means of removing my child/guardianship from the event premises. I understand that any financial costs incurred as a result of my child/guardianship being sent home are my responsibility.

Insurance Carrier: _____	Policy #: _____
Insurance Phone #: _____	Child's Birthday: _____
Parent Cell: _____	Parent Name: _____

_____ By initialing here, I grant permission for non-prescription medications to be given, if deemed appropriate by adult chaperone(s).

My child is allergic to: _____

Current medication (and dosage): _____

Other medical, physical, or general information: _____

In Emergency, Notify: _____ Phone: _____ Relation: _____

Parent/Guardian signature: _____ Date: _____

Printed Name: _____ Relationship: _____

In signing this form, I certify that all information contained herein is true and accurate to the best of my knowledge.