



CHESTERTON ACADEMY

OF BL. PIER GIORGIO FRASSATI

PERMISSION/AUTHORIZATION/RELEASE FORM

PERSONAL INFORMATION

Youth's Name: _____ Male/Female _____ DOB _____

(For additional children of the same household, please fill out page 3 of this form)

Address _____ City/State/Zip _____

Parent/Guardian Name _____

Best phone to reach parent/guardian _____ Other Phone _____

Physician's Name _____ Phone _____

Insurance Company _____ Member ID/Policy # _____

Policy # (if different) _____ Group # _____ Phone # _____

Pertinent Medical Information (including drug allergies, chronic conditions, current medications, other) _____

In case of emergency, contact the following individual(s):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

PERMISSION TO PARTICIPATE

I, _____ the parent/guardian of _____, a minor, do hereby give him/her permission to participate in the following activity: _____

_____ I understand that my child may be traveling via public or private transportation (for example: car, bus, boat, van, plane). I hereby recognize the inherent risks associated with the various activities and forms of travel and agree to save and hold harmless Chesterton Academy of Blessed Pier Giorgio Frassati, their agents, employees, officers, volunteers, and directors from any liability or expense that may arise from my child's participation in the above activity and any travel related incidents going to and from such event. I also release all rights and claims to all photographic images and video or audio recordings taken in connection with the above activity. Lastly, I understand that if Chesterton Academy of Blessed Pier Giorgio Frassati determines that my child cannot continue in the above activity for any reason, he/she may be sent home and I will be responsible for any additional expenses incurred.

Parent/Guardian Signature _____ Date _____



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PERMISSION TO DISPENSE OVER THE COUNTER MEDS AND FIRST AID:

I, _____ the parent/guardian of _____, a minor, do hereby give my son/daughter permission to take the following "over the counter" medications as needed for minor aches and pains, under the supervision of Chesterton Academy of Blessed Pier Giorgio Frassati personnel or other adults present at the above activity. Circle any that apply: -- Imodium --Antacid -- Dramamine -- Benadryl -- Acetaminophen (Tylenol) – Ibuprofen (Advil) -- Midol -- Other _____.

Parent/Guardian Signature _____ Date _____

AUTHORIZATION AND CONSENT TO TREAT MINOR:

I, _____ the parent/guardian of _____, a minor, do hereby authorize Chesterton Academy of Blessed Pier Giorgio Frassati and their agents, employees, officers, volunteers, and directors as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any licensed physician or surgeon, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital. It is understood that this authorization is given in advance of any specific treatment or diagnosis, but is given to provide authority and power of treatment, or hospital care that the aforementioned physician in the exercise of best judgment may deem advisable.

Parent/Guardian Signature _____ Date _____

RELEASE OF LIABILITY:

I, _____ the parent/guardian of _____, a minor, hereby indemnify, hold free and harmless, assume liability for, and defend Chesterton Academy of Blessed Pier Giorgio Frassati and their agents, employees, officers, volunteers, and directors from any and all costs and expenses including but not limited to, medical fees, attorney's fees, discovery costs, court costs, and all other sums associated with any claim or action founded thereon, including those arising or alleged to have arisen out of treatment of aforementioned minor or travel associated with the aforementioned activity. I also release Chesterton Academy of Blessed Pier Giorgio Frassati and their agents, employees, officers, volunteers, and directors from any liability incurred due to my minor child's use of real or personal property, including any damage to real or personal property belonging to a third party. Further, in the event my minor child incurs unanticipated expenses during the course of said activity, I agree to reimburse Chesterton Academy of Blessed Pier Giorgio Frassati and their agents, employees, officers, volunteers, and directors for such expense.

Parent/Guardian Signature _____ Date _____



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Please fill this out ONLY for children in the same household who have the same information as on page one.

2. Youth's Name: _____ Male/Female ___ DOB _____

Pertinent Medical Information (including drug allergies, chronic conditions, current medications, other)

3. Youth's Name: _____ Male/Female ___ DOB _____

Pertinent Medical Information (including drug allergies, chronic conditions, current medications, other)

4. Youth's Name: _____ Male/Female ___ DOB _____

Pertinent Medical Information (including drug allergies, chronic conditions, current medications, other)

5. Youth's Name: _____ Male/Female ___ DOB _____

Pertinent Medical Information (including drug allergies, chronic conditions, current medications, other)

6. Youth's Name: _____ Male/Female ___ DOB _____

Pertinent Medical Information (including drug allergies, chronic conditions, current medications, other)

7. Youth's Name: _____ Male/Female ___ DOB _____

Pertinent Medical Information (including drug allergies, chronic conditions, current medications, other)
