## HOLD HARMLESS/CONSENT TO TREAT/PARENTAL PERMISSION Form must be completely filled out

Participants Name		
Parent/Guardian Name  Parent Home Phone		
Parent Home Phone		
Parent cell phone		
EMERGENCY CONTACT INFI In the event that I cannot be read	ORMATION: ned please contact	
Phone number	Relationship to child	
Physician	Physician's Phone	
Insurance Carrier	Policy Number	
Any Allergies, Handicaps, Dieta	y Restrictions (vegetarians) or other Conditions that apply:	
in consideration of my child's p Troy, and held at St. John Neum Diocese of Springfield, St. Jeron employees, chaperones, drivers, school, and diocese from any pr participation in this activity. I u	rticipation in the Luke 18 retreat, sponsored by St. Jerome's Parish in ann Catholic School in Maryville, do hereby agree to hold harmless the Parish, St. John Neumann School and any and all of its agents, volunteers, and other adults as official agents of the above named paris secution resulting from the injury/ death of my child as a result of derstand that the activity will involve staying overnight at host homes above agencies of any impediments to my child taking part in such	
3 2	my child, and I cannot be reached I hereby give permission for necessad by a physician should the need arise.	
• •	at I have been informed of my child's participation in this activity and my child to participate in said activity.	
Signed		
(signature of parent/guardian)	(date)	
St Jerome Luke 18 has permissi Catholic Times, parish bulletin	n to use my child's pictures and/or videos on the parish website, and bulletin boards at the church.	
(signature of parent/guardian)	(date)	