

**EMERGENCY CONTACT/PERMISSION TO TREAT FORM  
2009 – 2010**

**Student Name:** \_\_\_\_\_

**Social Security #:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_      **Date of Birth (month/day/year)** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**List all known allergies:** \_\_\_\_\_

**List active medical conditions:** \_\_\_\_\_

**Current Medications (signed prescription order required)** \_\_\_\_\_

**Address:** \_\_\_\_\_

**In Case of Emergency contact:**

**Mother/Guardian:** \_\_\_\_\_      **Home Phone:** \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_      **Work Phone:** \_\_\_\_\_      **E-Mail:** \_\_\_\_\_

**Father/Guardian:** \_\_\_\_\_      **Home Phone:** \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_      **Work Phone:** \_\_\_\_\_      **E-Mail:** \_\_\_\_\_

**Other Emergency Contact:**

**Name:** \_\_\_\_\_      **Relationship:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_      **Cell Phone:** \_\_\_\_\_

**Student's Primary Care Physician:** \_\_\_\_\_      **Phone #:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_      **Group Number:** \_\_\_\_\_

**Releases:**

I, \_\_\_\_\_, request that my child, \_\_\_\_\_, be allowed to participate in the Catechetical Ministry or Youth Ministry program at The Community of the Blessed Sacrament. This program will take place under the guidance and direction of parish employees and/or volunteers from The Community of the Blessed Sacrament. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named child.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend The Community of the Blessed Sacrament, its officers, directors, employees and agents, and the Diocese of Phoenix, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child's participation in the program or event associated with the program, illness or injury (including death) or cost of medical treatment in connection therewith. I agree to compensate the parish, its officers, directors and agents, and the Diocese of Phoenix, its employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from negligence of the parish/diocese

