

Veritas Faith Formation Program ~ Ss. Peter & Paul, and St. Mary of the Angels Parishes - Green Bay

I, the parent/guardian of:

grant permission for my son(s)/daughter(s) to participate in the Veritas Faith Formation Program from September 2018, through May 2019.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minors (participants). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Ss. Peter & Paul Catholic Congregation, St. Mary of the Angels Parish, and the Diocese of Green Bay, its officers, directors, employees and agents from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish(es) and Diocese, its officers, directors employees, agents and chaperones, or representative 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 the negligence of the parish(es) or the Diocese of Green Bay.

Authorization For Medical Treatment

I hereby authorize the treatment, administration of anesthesia surgical treatment(s) for the above named sons/daughters in the event of a medical situation occurring during my absence when the hospital or physicians(s) are unable to contact me. This authorization extends to any hospital, physician(s) and nursing personnel within the hospital or employed by the physician as well as any physician and physician's staff where treatment is rendered on site or in the physician's office. I release from medical responsibility and liability the hospital, physician(s) and nursing personnel for performing medical procedures acting on the authority of this medical treatment consent form which such medical providers deem necessary for my minor child/children.

If necessary, for insurance purposes, preference of hospital: _____

You should be aware of these special medical conditions, allergies, physical limitations, educational needs/concerns, etc of my child(ren):

Permission For Videotaping/Photography

This authorization form constitutes permission for my child(ren)'s participation in videotaping and/or photographs which may be taken during the Veritas Faith Formation Program. They may be used for current and future promotional efforts, including electronic, web, print, television, and radio.

Signature of Parent/Guardian* _____

Address _____ Phone: _____

Secondary Emergency Contact _____ Phone _____

Date: _____

*Required if participant is under 18
2018-19