

NOTRE DAME HIGH SCHOOL

Member of the Middle States Association of Colleges and Secondary Schools
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*Learning
to Change the
World*

RELEASE AND CONSENT FORM

Class/Organization: _____

Name: _____ Age: _____

I, _____, give permission for my son/daughter named above to participate in the trip to _____ in the city of _____ on _____, 200____, and if needed, to be evaluated, diagnosed, treated, and/or medicated in accordance with normal medical practices by medical personnel as required.

I relieve **Notre Dame High School**, _____, the Diocese of Allentown, and Bishop Edward P. Cullen, D.D., of all responsibility and consequences that may arise as the result of this treatment. I will not hold **Notre Dame High School**, _____, the Diocese of Allentown, Bishop Cullen, chaperones or representatives responsible for injuries. I will accept any and all financial responsibility as a result of any medical treatment given to my son/daughter.

My child agrees to abide by all rules and regulations set forth by **Notre Dame High School**. I further understand that Notre Dame High School, the Diocese of Allentown and Bishop Cullen will not be held liable if my child fails to cooperate with said regulations and that any infraction of the rules may result in dismissal from the scheduled event. I will be responsible for any costs or other requirements for transportation home.

MEDICAL INFORMATION (please print)

My child is allergic to _____.

My child takes the following medication (indicate dosage, frequency, etc.)

You should be aware of these special medical conditions of my child

Insurance Carrier Name _____ Contract/Group # _____

Individual Agreement # _____ Last tetanus booster _____

In case of emergency notify _____

Relationship to student _____ Phone No. _____

Parent/Guardian Signature

Date