

**ST. MICHAEL AND RESURRECTION PARISH PERMISSION FORM
AUTHORIZATION FOR MEDICAL TREATMENT**

I hereby authorize treatment, administration of anesthesia, surgical treatment[s] for my minor son(s)/daughter(s) _____, in the event of a medical situation occurring during my absence or when the hospital or 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 in the physician's office determine such treatment to be necessary.

Signed this _____ day of _____, 2011 and valid until the 2nd day of May, 2012.

[Signature of Parent/Guardian]

Please complete the following:

Child(ren)'s Names: _____

Address: _____

Name of Parent(s)/Guardian(s): _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Insurance Company: _____

Policy #: _____

LIABILITY RELEASE

In consideration of the Parishes of St. Michael and Resurrection arranging for trips in the 2011-2012 school year, the undersigned parent of _____, a minor, hereby releases and agrees to hold harmless the Parishes of St. Michael and Resurrection or any of its advisors, chaperones or persons connected with the trip from liability, claims or damages for personal injury, property loss or other damage which may result during the trip. The undersigned hereby agrees to abide by the rules established for the trip.

Signed this _____ day of _____, 2011.

[Signature of Parent/Guardian]

[Signature of Student(s)]