

Medical Treatment Release Form

To Whom It May Concern:

As a parent/guardian, I do hereby authorize first aid/medical treatment of my child in the event of an emergency which may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. It is understood that efforts will be made to reach me as soon as reasonably possible. I further authorize administering Tylenol or Motrin (**circle one**) to my child should the need arise.

Name of Child: _____ Relationship to You: _____

Address of Child: _____

Phone No.: _____

Emergency Phone No.: _____

Reason for Release: Catholic Central Class of 2012 All Night Party

Family Physician: _____ Phone No.: _____

Physicians Address: _____

List any allergies, medications, contacts, or other pertinent information: _____

Health Insurance Plan: _____ Policy No.: _____

Group/Contract No.: _____ Member Name: _____

TYLENOL & MOTRIN

By signing this release, I give my permission for a committee member of the Senior All Night Party to administer Tylenol or Motrin to my son/daughter.

Signature: _____ Date: _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

I certify that I am the (**check one**) _____ custodial parent / _____ legal guardian of the minor child named above, and I agree to the above terms for my minor child and myself.

Signed: _____ Date: _____

PLEASE SEE OTHER SIDE

Release of Liability

I have signed and returned this Release of Liability in exchange for, and in consideration of the permission for the below named student/child to travel to and participate in the Catholic Central All Night Party (**All Night Party**). I understand if I do not sign this release, the below named student/child will not be allowed to travel to and participate in the **All Night Party**. Those individuals released of liability are those on the organizing committee and assisting with the **All Night Party**.

I agree that the **All Night Party** committee and those assisting shall not be liable for any damages, or actions that the student/child may sustain arising out of the attendance or participation in the **All Night Party**. I hereby release any and all claims, demands, damages, or actions that the student/child may have against the **All Night Party** committee or those assisting them; which may arise while attending or participating in the **All Night Party**.

I HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND AGREE TO BE BOUND BY ITS PROVISIONS.

Dated: _____

Parent or Guardian Signature

Parent or Guardian Name (Printed)

Address

Telephone Number

PLEASE SEE OTHER SIDE