

**DIOCESE OF BRIDGEPORT  
PARISH SPONSORED ACTIVITY PERMISSION & MEDICAL CONSENT FORM**

**Activity:** St. Rose Youth - Rally in the Valley Retreat Trip

**When:** November 11, 2018 -12:00-9:30pm (Meet for bus by 12:00 at St. Rose)

**Cost:** \$30 – Make Checks payable to “St. Rose Church” – *Note: Rally in the Valley on the check.*

Activity leader: Renzo Ortega (Youth Minister)

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SECTION ONE: PARENT / GUARDIAN REQUEST AND MEDICAL CONSENT

**Student Information:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother's name \_\_\_\_\_ Email \_\_\_\_\_

Father's name \_\_\_\_\_ Email \_\_\_\_\_

The undersigned do hereby request and consent that my child \_\_\_\_\_ attend and participate in the activity and associated activities listed above. I authorize an adult, in whose care the minor has been entrusted, to render supervision and to provide consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician, dentist or emergency medical technician licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or treatment center whether such diagnosis or treatment is rendered at the office of said physician or said hospital or treatment center.

The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this request and authorization.

The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in the above activity sponsored by **St. Rose of Lima Parish.**

**Medical Insurance:**

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Physician's phone: \_\_\_\_\_

**Please list the following, if applicable:**

Allergies \_\_\_\_\_

Specific concerns \_\_\_\_\_

Medication your child is taking \_\_\_\_\_

Parent / guardian signature \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION TWO: PARENT /GUARDIAN REQUEST AND RELEASE OF ALL CLAIMS**

In consideration for being accepted by St. Rose of Lima Parish, the Diocese of Bridgeport, Assumption/Holy Rosary, and the ArchDiocese of Hartford for attendance at and participation in the above-listed activity and associated activities, on behalf of my child participant (if under the age of 21), \_\_\_\_\_, hereby assume all risk of personal injury, sickness, death, damage, expense as a result of participation in all activities involved therein.

The undersigned further hereby agree to hold harmless, and indemnify said parishes, its directors, employees, agents and adult volunteers, for any liability sustained as a result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

I, thereby request participation and grant permission for above mentioned child to participate fully in said activity, and hereby give my permission to accompanying chaperones to supervise, care, and discipline my child.

Further, should it be necessary for the participant to return home due to medical reason, disciplinary action or otherwise, I assume all transportation costs. When travel to, and from the activity is not parish sponsored, I assume all liabilities for any personal injury, damage and expense incurred as a result of riding in or driving any vehicle to and from said activity.

I have read and agree to the itinerary attachments, if applicable, standards of conduct and honor code of St. Rose of Lima Parish, and give permission for the use of any photos taken during the event for promotional reasons.

Print name of participant \_\_\_\_\_  
Home Phone # \_\_\_\_\_  
Mother's cell phone # \_\_\_\_\_  
Father's cell phone # \_\_\_\_\_

Parent / guardian signature \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION THREE: PARTICIPANT ONLY**

I have read the foregoing and itinerary addendums or attachments, if applicable, and understand the rules of conduct and will abide by them, as well as the directions of the leadership of the activity. I understand that my participation in said activity can be ended at any time at the discretion of activity leaders.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please save this information!**

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**Contact for the Night: Renzo Ortega (203) 240-8059**  
**Address for Church: 61 N Cliff St, Ansonia, CT 06401**  
**Drop off 12:00 and pick up approx. 9:30 at St. Rose**  
**Dinner will be provided at the event**