Saint Dennis Parish Individual Permission Form
Parental/Guardian Authorizations- Required for All Students

I hereby give permission for my child_____ to participate in the Saint Dennis Middle & High School Youth Ministry Kalahari Water Park trip on January 13, 2012. I hereby release and indemnify Saint Dennis Parish, its staff, volunteers, the Diocese of Madison, the Catholic Bishop of Madison (a corporation sole) from any and all liabilities arising from claims of any kind or nature whatsoever from my child's participation in this event.

_____ _____
Signature of Parent/Guardian Date

_____ _____
Address, City & State Area Code & Phone

Authorization to Consent to Treatment of Minor

I, the undersigned parent or legal guardian of _____, a minor, do hereby consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment which is deemed advisable by, and is to be rendered under the general supervision of a physician or surgeon.

It is understood that this authorization is given in advance of any specific diagnosis of treatment being required. It is given to provide specific consent to any and all such diagnosis or treatment which the aforementioned physician or surgeon in the exercise of his/her best judgment may deem advisable and neither the physician, surgeon, or any organization involved assumes any financial responsibility for acting under the authority granted by this consent authorization.

Allergies: _____
Current Medications: _____
Signature of Parent/Guardian: _____
Physician/Clinic: _____
Emergency Contact: _____ Tel. # ( ) _____

Insurance Information

Policy in the name of: _____
Insurance Company: _____
Identification # &/or Social Security #: _____

Registration Information

Participant's Name: _____
Date of Birth: __ / ____/____
Home Tel.#: ( ) _____
Parent/Guardian Name_____ Work Phone #: ( ) _____

** Sorry, no refunds can be made for this trip.