



## Edge Lock-In Permission Slip / Medical Release

**(Every student who attends the Lock-in on Sept 30 must return this form signed by parent.)**

Participant Name(s) (list each student who will be attending): \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Contact phone number(s) where parent(s) can be reached during the lock-in: \_\_\_\_\_

I/we give permission for my/our child(ren) listed above to attend and participate in the Edge Lock-in on Sept 30, 2010.

I/we grant permission for my child to be photographed and/or videotaped during this lock-in. I understand that my child may decline to be photographed and/or videotaped at any time.

I/we understand that reasonable precaution will be taken to safeguard the health and safety of the participant(s) and that the designated emergency contact person will be notified as soon as possible in case of emergency. In the event of any sickness or accident, person(s) will not hold ST. MARY'S CHURCH, ST. ALOYSIUS CHURCH, the DIOCESE OF OMAHA, any volunteer, property owner, chaperone or driver responsible.

I/we authorize and consent that emergency treatment be rendered under the general or specific supervision and on the advice of any physician, dentist, or surgeon; licensed to practice in the State of Nebraska or any other state.

I/we understand and agree that any medical, dental, or hospital expense incurred shall be at my own expense. I/we understand every effort will be made to notify the emergency contact in the event that treatment is necessary.

If I/we cannot be reached at the numbers given above in the event of an emergency, the following person(s) is/are authorized to act on my/our behalf.

Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Pertinent insurance and medical information for my/our child(ren) is as follows:

Insurance Carrier: \_\_\_\_\_ Group #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Has/have the participant(s) received a tetanus shot in the past 10 years? YES NO

Do you give permission for Tylenol, Ibuprofen, Aspirin, Midol, Tums, Benadryl or other over-the-counter medications to be dispensed if requested by minor(s)? YES NO

Listed below are known allergies (food or medical or other), health problems, and/or current medications for each student:

Parent / Guardian Signature

Date