**Release and Consent Form for Participation in ND MiniTHON**

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age/Grade**: \_\_\_\_\_\_\_\_\_

**Trip**:\_Feb 18-19th at ND MiniTHON. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_give permissions for my son/daughter named above to participate in the trip to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(city/state), on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date), and, if needed, to be evaluated, diagnosed, treated and/or medicated in accordance with normal medical practices by medical personnel as required (this includes administering over-the- counter medication such as Tylenol, etc.). I release **Notre Dame High School, Inc.**, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(moderator), the **Diocese of** **Allentown** and **Bishop Alfred A. Schlert** of all responsibility and consequences that may arise as the result of this treatment. I will not hold **Notre Dame High School**, **Inc.,** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(moderator), the **Diocese of Allentown**, **Bishop Alfred A. Schlert**, **chaperones** or **representatives** responsible for injuries. I will accept any/and all financial responsibility as a result of any medical treatment given to my son/daughter.

My child agrees to abide by all rules and regulations set forth by **Notre Dame High School, Inc.** I further understand that **Notre Dame High School, Inc.**, the **Diocese of Allentown** and **Bishop Alfred A. Schlert** will not be held liable if my child fails to cooperate with said regulations and that any infraction of the rules may result in dismissal from the scheduled event. I will be responsible for any costs or other requirements for transportation home.

**Medical Information (please print)**

My child is allergic to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child takes the following medication (indicate dosage, frequency, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You should be aware of these special medical conditions of my child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Carrier Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contract/Group #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual Agreement # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last tetanus booster\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In case of emergency notify: \_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian e-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_