

Permission & Medical Release Form

I give my permission for _____ to participate in the _____ on the _____

My youth is aware of the Christian attitude that is expected of him/her and understands that no drugs including alcohol or cigarettes will be allowed. I agree that I will hold harmless Our Lady of the Lake Parish Community and its representatives and/or the Diocese of Nashville responsible for any accidental injury that my child might receive during the event. In the event of an emergency in which medical treatment is involved, I give permission to the adult in charge to obtain the services of a licensed physician.

Participant's Name _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Cell _____

I will be available to drive: yes no

Parents Signature _____ Date _____

In the event of an emergency in which medical treatment is required, I give my permission to the adult in charge to obtain the services of a licensed physician. I wish to be notified immediately in the event of any emergency.

Please be aware of the following medical conditions for my son or daughter:

Family Physician: _____ Phone: _____

Address: _____

Parent/Guardian Signature: _____ Date: _____