

**ST. CATHERINE OF SIENA PARISH
JUNIOR CHOIR
PARENTAL PERMISSION AND HEALTH AUTHORIZATION FORM**

CHILD'S NAME _____

I/We, the parent, guardians of the above named child hereby give my/our permission to his/her participation in any and all Parish Junior Choir activities. I/We agree to direct my/our child to cooperate and conform with directions and instructions of the parish personnel responsible for Parish Junior Choir activities.

I/We agree in the event my/our child is injured as a result of his/her participation in Parish Junior Choir activities, including transportation to and from these activities, whether or not caused by the negligence of the Parish Junior Choir program or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be against any accident, hospital or medical insurance, or any available benefit of mine/ours.

In the event we cannot be reached in an emergency, I/We hereby give permission for the Choir Director, Nancy Rogers to authorize by his/her signature whatever medical treatment may be considered necessary by the attending physician for my/our child.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

FAMILY PHYSICIAN _____ PHONE _____

ADDRESS _____ CITY/ZIP _____

MEDICAL PLAN _____ PLAN NUMBER _____

If you do not want medical care given to your child, state reasons: _____

Child has or is subject to (check if yes):

- Asthma Fainting Spell Convulsion Diabetes Heart Trouble
- Allergy or reaction to any medication (List: _____)
- Allergy or reaction to nuts or any common snack food or juice (List: _____)
- Any condition now requiring medication (Name of medication: _____)

.....

In case of DISASTER, my/our child may be released to any of the following:

NAME _____ PHONE . _____

NAME _____ PHONE . _____

NAME _____ PHONE . _____