

**Liability & Consent Form**  
(For Participants of Any Age)

Name of person attending event: \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_ Policy # \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_

Family Street Address

City, State and Zip

Telephone (Home)

Telephone (Work)

Date of Birth (Person attending event)

Date of Last Tetanus Shot

Emergency Contact (other than parent)

Telephone

Please list all current medications (bring original prescription packaging on trip):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Instructions for medications, allergies, foods, etc:

\_\_\_\_\_  
\_\_\_\_\_

Physician

Telephone

**Consent For Treatment / Release:**

I \_\_\_\_\_, authorize treatment and / or any hospitalization that is necessary in the case of accident or illness of my child. I understand all reasonable precautions will be taken to ensure the safety of my child. However, should my child be injured, I hereby release Our Lady of Mt. Carmel Parish, its priests, staff and volunteers; the Bishop of the Diocese of Fall River, and his successors in office of all liability.

\_\_\_\_\_  
*Signature of parent*

\_\_\_\_\_  
Date