

Little Amerrika - PERMISSION SLIP & RELEASE OF LIABILITY

In Consideration of Fox Valley Catholic Youth Minister Association arranging for a **Bus trip to Little Amerrika in Marshall, WI** on *Tuesday, August 24th*, 2010 the undersigned parent of _____, a minor, hereby releases and agrees to hold harmless Fox Valley Catholic Youth Minister Association, _____ (my parish) or any of its advisors, chaperones or persons connected with the event from any liability, claims or damages for personal injury, property loss or other damage which may result during the above event. The undersigned parent consents to the use of likeness in any manner relating to communication production in any media. The undersigned _____ hereby agrees to abide by the rules established for the above event.

Dated in the area of Appleton, Wisconsin, this _____ day of _____ 2010.

(Signature of Parent)

(Signature of Participant)

AUTHORIZATION FOR MEDICAL TREATMENT

I hereby authorize the treatment, administration of anesthesia, and surgical treatment(s) for my minor son/daughter _____ in the event of a medical situation occurring during my absence or when the hospital or physician(s) are unable to contact me. This authorization extends to any hospital, physician(s) and nursing personnel within the hospital or employed by the physician as well as any physician and physician's staff where treatment is rendered in the physician's office. I release from medical responsibility and liability the hospital, physician(s) and nursing personnel for performing medical procedures acting on the authority of this medical treatment consent form which such medical providers deem necessary for my minor child.

Signed this _____ day of _____ 2010.
and valid until the _____ day of _____ 2010.

(Signature of Parent)

Please complete the following:

Name _____ Phone _____

Address _____

Name of Parents _____ Phone _____

Address _____

Work Phone Number of one/both parents _____

Insurance Company _____ Insurance # _____