

Service Project Release Form

This form must be filled out for each service activity that leaves the St. Michael's property
Please fill in the specific place and date of the service project you are attending

Service Project _____

Date: _____ Time: _____

Parent Consent / Release Form

Name _____ Age _____ D.O.B. ___/___/___ Grade _____

Address _____ City _____ Phone _____

TO BE FILLED OUT BY PARENT OR LEGAL GUARDIAN

I hereby authorize my Son/Daughter to participate in the service activity listed above on the specified date with St. Michael the Archangel Catholic Church. I understand reasonable precautions will be taken to keep my child safe. I will not hold St. Michael Catholic Church, members of the staff or volunteers responsible for accidental harm or injury that may occur during this activity. In case of an emergency during this time, I hereby consent to and authorize the giving of treatment and/or medication ordered by a physician or adult for the care of my Son/Daughter.

Signature _____ Date _____

Phone _____ Pager/Cell _____

Insurance Co. Name _____ Phone _____

Policy # _____

Student Medications and Allergies: _____

My child is allowed to take over the counter medication Yes _____ No _____

Comments: _____ (please initial)

Notes:

If you have any questions, please contact Rachel in the LIFE TEEN office
972-279-6581 ext 17 or smyouth@sbcglobal.net