

SAINT GEORGE HOPE AND JOY RELEASE FORM

I hereby give my child (name) _____ permission to take part in all HOPE AND JOY activities. In the case of an emergency, I give the Staff permission to administer first aid. Should medical attention be required, I give permission for staff members to seek further qualified medical assistance including emergency room care until I can be contacted.

Signature of parent or legal guardian

Date

Pertinent Medical History

1. Pediatrician's name, address and phone number:

2. Allergies to medication, insects, food:

3. Any underlying medical condition we need to be aware of regarding your child:

4. Name and phone number to contact in case of emergency:

a. _____

b. _____

If the information on this form changes during the year, please contact the directors in person to inform them of any modification.