

Holy Trinity Catholic Church
Lenexa, Kansas

For Office use only

Permission & Liability Release Form

I /We request my son / daughter be able to travel and participate in the **Jhigh Ice Skating Trip**, to The Ice at Park Place, on Sunday, December 8, 2019. I give permission for my child(ren) to participate in this event. In consideration for the making of the arrangements for this event, I hereby release and save harmless Holy Trinity Catholic Church, any and all employees and volunteers from any and all liability for any and all injury resulting from this event and the necessary travel to and from this event.

Parent / Guardian Signature

Date

Student Name:



Medical Release Form

I hereby give my consent, in case of injury or illness, to have those in charge of above event obtain the necessary medical assistance and/or treatment from qualified medical personnel, for my child(ren) _____, in the event that I cannot be reached. I also agree to be responsible financially for the reasonable cost of such assistance and/or treatment.
this event.

Parent / Guardian Signature

Date



Medical and/or Hospital Insurance Company:

Policy Numbers:

Subscriber's Name:

Known allergies, medical conditions and other pertinent medical information: