

HEALTH INFORMATION & RELEASE
OF LIABILITY/CONSENT TO TREAT



STUDENT'S FIRST NAME _____ LAST NAME _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

Grade _____ *Birth Date* _____ *Male/Female*
Parish _____ *Parish City* _____

Are you currently under the care of a physician? Y/N
If yes, explain _____

Name of Family Physician _____ *Phone* _____

Last Tetanus Shot _____ *Allergies to Drugs or Foods* _____

Do you have any special dietary needs or restrictions? _____

_____ *If my child has special dietary needs, I will provide meals for the week-end for him/her.*

Special Medications or pertinent medical information _____
_____ *Blood Type* _____

Name of parent(s)/Guardian(s) _____

Home Phone _____ *Emergency Phone* _____

Health Insurance(for emergency purposes only)

Company _____

Policy # _____ *ID#* _____

I/We request that my/our son/daughter attend ANTIUCH under the auspices of the Antioch program to be held at Saint Rose of Lima Church, East Hanover, NJ on January 13 – 14, 2018. I/We have read the forgoing health/release of liability/consent to treat form and the answers are all correct. I/we can be reached at the telephone number referred to above, but if emergency medical care or treatment shall be necessary and if I/we cannot be contacted, I/we authorize the delegated agents of the Antioch Program to act on my/our behalf and approve treatment.

Release of liability: In consideration of the Antioch Program accepting my/our son/daughter's registration for this event and in consideration of the Antioch Program accepting my registration, hold harmless and discharge the Antioch Program, its officers, trustees, employees, volunteers, agents, and affiliates of and from any and all liability, claim, loss, damage, cost, or expense and waive any such claims against any such person or organization arising directly or indirectly from attributable to any action or omission to act of any such person or organization in connection with this event and I/we further agree to indemnify and hold harmless the Antioch Program and its aforesaid affiliated personnel from any such liability, claim, loss, damage, cost or expense.

Date

Parent or Guardian