



**ST. PATRICK PARISH**

41 Oliver St.  
Chatham, NJ 07929  
973-635-0625x27



**FAITH FORMATION (Grades K-8)**

**TEEN VOLUNTEER**  
**HEALTH INFORMATION/RELEASE OF LIABILITY/CONSENT**  
**TO TREAT FOR THE SCHOOL YEAR 2011/2012**

**For the safety of your teen please complete the information below and mail or return to the office before classes begin. The information provided is personal and confidential and will only be used in the case of a medical emergency. Forms will be kept in a binder at the main desk (which is always monitored) when classes are in session.**

FAMILY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

Name of Parent(s)/Guardian(s) \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ ID# \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

**Teen's First Name** (Last if different) \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Last Tetanus shot or note if up to date: \_\_\_\_\_ Allergies to Drugs or Foods: \_\_\_\_\_

Do you have any special dietary needs or restrictions? \_\_\_\_\_

Special Medications, blood type or pertinent medical information: \_\_\_\_\_

I/we give permission for my son/daughter to volunteer as a catechist in the 2010/2011 Faith Formation Program under the auspices of St. Patrick Parish to be held at church. I/we have read the foregoing Health Information/Release of Liability/Consent to Treat Form and the answers are all correct.

I/we can be reached at the telephone numbers 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 St. Patrick Parish to act on my/our behalf and approve appropriate treatment.

I/we release, hold harmless and discharge St. Patrick Parish, its officers, Trustees, employees, agents and affiliates and catechists, of and from any and all liability, claim, loss, damage, cost or expense except in the case of willful/intentional harm or gross negligence and waive any such claims against any such person or organization arising directly or indirectly from or 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 parish and its aforesaid affiliated personnel from any such liability, claim, loss, damage, cost or expense.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature (Indicate if a guardian)