

**DIOCESE OF ALLENTOWN  
RELEASE AND CONSENT FORM**

Name: \_\_\_\_\_  
Parish: St. Thomas More

Age: \_\_\_\_\_  
City: Allentown

**Sponsoring Organization is St. Thomas More School**

I, \_\_\_\_\_ give my permission for my son/daughter,  
\_\_\_\_\_, to participate in the trip to  
\_\_\_\_\_ in \_\_\_\_\_ on  
\_\_\_\_\_ and if needed, to be evaluated, diagnosed, treated, and/or medicated in  
accordance with normal medical practices by medical personnel as required. I relieve St. Thomas More,  
the Diocese of Allentown, and Bishop Edward Cullen, D.O., chaperones, or representatives responsible  
for injuries. I will accept any and all financial responsibility as a result of any medical treatment given to  
my son/daughter.

My child agrees to abide by all rules and regulations set forth by the sponsoring organization. I further  
understand that St. Thomas More, the Diocese of Allentown, and Bishop Cullen will not be held liable if  
my child fails to cooperate with said regulations and that any infraction of the rules may result in  
immediate dismissal from the scheduled event. I will be responsible for any costs or other requirements  
for transportation home.

Parent/Guardian Signature \_\_\_\_\_

**EMERGENCY INFORMATION**

**STUDENT INFORMATION (PLEASE PRINT)**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Known Medical Conditions/Allergies \_\_\_\_\_

\_\_\_\_\_ Blood Type (If known) \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_ School Year \_\_\_\_\_

**INSURANCE INFORMATION (please print)**

Insurance Carrier \_\_\_\_\_

Group# \_\_\_\_\_ Participant # \_\_\_\_\_

Student's Physician \_\_\_\_\_ Physician's Phone # \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Dentist' Phone # \_\_\_\_\_

**In a medical emergency, we hereby authorize the school to seek emergency medical  
assistance for our child if we cannot be reached.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please also complete the reverse side of this form.

**EMERGENCY CONTACT INFORMATION**

**Contact 1** \_\_\_\_\_ **Relationship to student** \_\_\_\_\_

**Phone#** \_\_\_\_\_ **(Home/Work/Cell/Other)** \_\_\_\_\_

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**Phone#** \_\_\_\_\_ **(Home/Work/Cell/Other)** \_\_\_\_\_

**Contact 2** \_\_\_\_\_ **Relationship to student** \_\_\_\_\_

**Phone#** \_\_\_\_\_ **(Home/Work/Cell/Other)** \_\_\_\_\_

**Phone#** \_\_\_\_\_ **(Home/Work/Cell/Other)** \_\_\_\_\_

**Phone#** \_\_\_\_\_ **(Home/Work/Cell/Other)** \_\_\_\_\_

**Phone#** \_\_\_\_\_ **(Home/Work/Cell/Other)** \_\_\_\_\_

**Contact 3** \_\_\_\_\_ **Relationship to student** \_\_\_\_\_

**Phone#** \_\_\_\_\_ **(Home/Work/Cell/Other)** \_\_\_\_\_

**Phone#** \_\_\_\_\_ **(Home/Work/Cell/Other)** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **(Home/Work/Cell/Other)** \_\_\_\_\_

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