

Youth Rally, Mass and March for Life
Friday, January 19, 2018
Washington, D.C.
Adult Consent Form

NAME F M
SEX

ADDRESS CITY STATE ZIP

PARISH (_____) _____
CELL PHONE

E-MAIL (_____) _____
HOME PHONE

MEDICAL AUTHORIZATION

In the event of any injury or illness to myself, I hereby give my permission for the necessary medical treatment to be given to me.

I agree that in case of injury to myself, I will apply my hospitalization and/or accident insurance toward payment of the expenses incurred and will not look to the Department for Youth and Young Adult Ministry, St. Patrick Parish, the Catholic Institute or the Roman Catholic diocese of Pittsburgh for the payment of any medical costs or injury related costs.

Signature Phone Number

Insurance Company Policy Number

Name and Phone Number and relationship of Emergency Contact Person

MEDICAL MATTERS:

Any known allergies?: _____

Any physical limitations?: _____

This consent form will remain effective until _ January 19, 2018