

# SISTERS OF SAINT JOSEPH NEIGHBORHOOD NETWORK PERMISSION FORM

## PART 1 PERSONAL DATA

I give permission for my child (children) to attend any programs that are offered at the SSJNN (both East and West locations) or off-site, as well as any program that the SSJNN transports my child (children) from home and back again. I understand that I will be informed about each new program that my child (children) may attend. This permission form remains valid until notification from the parent/guardian requests it to be null and void.

Participant's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

## PART 2 FAMILY HEALTH INSURANCE INFORMATION

Name of Insurance Company \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Group Number \_\_\_\_\_ ID Number \_\_\_\_\_ Policy Holder's Name \_\_\_\_\_

Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Hospital Preference:  Millcreek Community Hospital  AHN St. Vincent Hospital  UPMC Hamot Hospital

In the event I cannot be reached, in an emergency, I hereby authorize treatment for any minor injury or illness that occurs while with my child's coach/mentor/tutor/director. If a doctor or hospital service is needed, treatment may be started. I (We) agree to be responsible for all expenses incurred for medication, treatment, injury or illness suffered by my child to him/her while under the supervision of his/her coach/mentor/tutor/director.

## PART 3 MISCELLANEOUS MEDICAL INFORMATION

May your child take part in physical activities? \_\_\_\_ Yes \_\_\_\_ No If NO, please indicate restrictions on reverse.

Is your child allergic/sensitive to any substance? \_\_\_\_ Yes \_\_\_\_ No If YES, please indicate restrictions on reverse.

Is your child currently under a doctor's care? \_\_\_\_ Yes \_\_\_\_ No If YES, please indicate the reason on reverse.

## PART 4 PARENTAL PERMISSION

In consideration of this waiver/permission form being accepted, I hereby, for myself, heirs, executor and/or administrators waive and release all claims for damages I may have against the SSJNN or any and all sponsoring organizations and their representatives for any and all injuries sustained during any of the programs. I also waive and release any and all claims for the use of photos, video tapes or websites in which my child (children) may appear.

By signing my signature, I hereby acknowledge reading and understanding the implications of this clause.

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

Print Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Person to contact, other than listed above \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_