

**Junior High Youth Ministry (6th-8th grade)
2nd Annual Lord's Pantry Service Project
January 19, 2019 (form due Jan. 16)
Bus departs SLDM @ 830am for Lord's pantry
Bus arrives back to SLDM @ 1pm to SLDM
All students/siblings must complete this form
All chaperones must be safe and sacred trained**

LIABILITY & MEDICAL INFORMATION/RELEASE

Student Name: _____ Student Cell Phone: _____

Home Address: _____ Parent(s) Interest to Chaperone: Yes or No

Parent Name: _____ Parent Email: _____

Parent Cell Phone: _____ Emergency Contact Name: _____

Emergency Contact Number: _____

Accident/Hospitalization Policy Name _____ Policy Number _____

Current Allergies/Medical Conditions: _____

Current Medications: _____

Permission to give over-the-counter medication? YES _ NO _____

The undersigned hereby release, forever discharge, and agree to hold harmless St. Louis de Montfort Parish & The Diocese of Lafayette-in-Indiana from and against any and all liability, claims, demands, lawsuits and expenses of any kind arising from personal injury, sickness, death, or property damage of any kind whatsoever which may be incurred or suffered by the undersigned and/or participant.

The undersigned further agree to indemnify and hold St. Louis de Montfort Parish & The Diocese of Lafayette-in-Indiana and its respective members, directors, employees and agents (collectively, the "Indemnities") harmless from and against any and all claims, demands, actions, lawsuits, and liabilities, including attorney fees and expenses sustained by the Indemnities as the result of negligent, willful or intentional acts of the undersigned and/or participant. If the participant is under 18 years of age: I (We) the parents or legal guardian of the participant, do hereby grant permission for our child to participate fully in Lord's Pantry Service Project and all of its activities and hereby give permission for my son/daughter, in case of an emergency, to be taken to a physician or hospital by St. Louis de Montfort personnel. I (We) hereby assume all responsibility for all medical bills. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I (we) assume all responsibility and transportation costs.

Parent/Legal Guardian Signature: _____ Date: _____

Parent's/Legal Guardians Printed Name: _____ Date: _____