

HEALTH RELEASE/CODE OF CONDUCT

St. Michael Church, Newark

Name: _____ Sex: _____ Phone: _____ Date of Birth _____ Grade 05-06 _____

Address _____ City _____ Zip _____

Emergency Contact: _____ Daytime Phone _____

Health Insurance Co: _____ Policy # _____

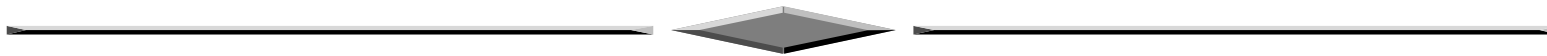
Physician _____ Phone _____

List any medications (prescription and non-prescription) currently taking & dosage _____

List any allergies or other special needs (dietary, health concerns, etc) _____

I hereby certify that the above information is correct and give permission for my child to be transported in privately owned vehicles for medical emergencies and for the release of medical records to an attending health worker in case of illness. I understand that every effort will be made to contact the parent/guardian. If one cannot be contacted, I hereby give permission for a qualified physician to secure proper treatment for my child.

Parent/Guardian Signature _____ **Date** _____



CODE OF CONDUCT: Your signatures below indicate your willingness to comply with the following rules:

- Participants must attend all scheduled activities and remain in areas designated for this event only.
- Nametags must be worn at all times.
- Participants are expected to obey the direction of all chaperones and adults.
- Appropriate behavior and language are expected. No dangerous or rough play will be allowed.

We have read the expectations of this form and agree to abide by the Code of Conduct. If these rules are violated, we accept responsibility for the behavior and for any legal action which may result from any personal actions taken by the participant.

Parent/Guardian _____ **Youth participant** _____ **Date** _____