



**Mercy High School Spirit Week Make A Difference Day**  
**September 23, 2014 - Tuesday**  
**Transported to Service Site by Mercy or Contracted Buses**  
**Cost: None Time: 8:45 am - 1:00 pm**  
**Designated Supervisors: Mercy Staff**

**Complete Both Permission and Health Form and return to daughter's  
adviser by Monday, 9/15/14**

As part of the Spirit Week Activities the entire school community will be involved in a Service Day Activity. This includes having your daughter bused to a service site with her Adviser to perform various service activities (depending on the site placement will be outside or inside service).

If you would like your child to participate in this event, please complete, sign and return the following statement of consent and release of liability. As parent or legal guardian you remain fully responsible for the actions and conduct of your child.

### **Statement of Consent**

I hereby consent to participation by my child in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employees on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation. In consideration of my child being allowed to participate in this field trip, I agree to indemnify and hold harmless Mercy High School, any and all affiliated organizations, their employees, agents and representatives, including volunteer and other drivers, from any and all claims, including negligence, arising from or relating to my child's participation in this field trip. This indemnification and hold harmless agreement does not apply to claims for intentional misconduct or gross negligence.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian of \_\_\_\_\_ Adviser: \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ email address \_\_\_\_\_  
Cell Phone \_\_\_\_\_

**Page One of Two: Both MUST BE COMPLETED**

## MEDICAL TREATMENT AUTHORIZATION

### To Whom It May Concern:

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name if minor: \_\_\_\_\_ Adviser: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

Reason for which release is intended - Mercy Service Day

Mercy Make a Difference Day; 9/23/14

Address of minor: \_\_\_\_\_

Emergency phone(s): \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician address: \_\_\_\_\_ City: \_\_\_\_\_

### List: allergies, medications, contacts or other pertinent comments:

Make sure your daughter has her medicine with her including: epipen, insulin, inhaler, medicines, etc. AND it must be note it on this form

### Health insurance data:

Company: \_\_\_\_\_ Policy: \_\_\_\_\_

GROUP: \_\_\_\_\_ Contract: \_\_\_\_\_

I further authorize the person who presents this minor to sign Acknowledgement of Receipt of Notice Privacy Rights that may presented by the physician or healthcare facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

(Parent or Guardian)

BOTH FORMS MUST BE COMPLETED TO PARTICIPATE