



MEALS BY GRACE
Middle School Service-Feed the Hungry
All Middle School Invited
Sunday, October 1, 2017

Catholic Archdiocese of Atlanta
St. Peter Chanel Catholic Church
2017-2018

Parental/Guardian Consent Form and Liability Waiver
Form is due Sunday, September 17, 2017

Name of Participant: _____ Grade: _____

Female: _____ Male: _____ Date of Birth: _____ Age: _____

Parent / Guardian Name: _____

Address: _____

Home Phone: _____ Work #: _____ Parent Cell #: _____

Parent Email Address: _____

I, (Parent/Guardian above), grant permission for my child, (Participant above), to participate in this parish event that will take place at Meals By Grace, Alpharetta GA. This activity will take place under the guidance and direction of parish employees and /or volunteers from the parish. A brief description of the activity follows:

Type of Event: Middle School Service-Feed the Hungry (For All Middle School)

Destination of Event: Meals By Grace, 5025 Atlanta Highway, Alpharetta GA 30004

Individual in Charge: Colleen Pittroff

Transportation: Carpool-Leave and Return to and from SPC - **NO DROP or PICK UP at Meals by Grace**

Cost: \$0

Date/Time of Event: Sunday, October 1, 2017

Time: 12:00 PM - 4:00 PM (*Please eat lunch before you attend.*)

Items to bring for Donation: Donation of \$10 or cloth grocery bags, shelf stable milk, and canned soup would be greatly appreciated.

As a parent and / or legal guardian, I remain legally responsible for any personal actions taken by my child. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Peter Chanel, its officers, directors, and agents and the **ARCHDIOCESE OF ATLANTA**, Georgia, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Atlanta, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

- I DO /DO NOT (circle one) grant permission for photos of my child to be used in parish sponsored print and social media publications (i.e. bulletin, website, Facebook, etc.)
- I can chaperone. Best number to contact me: _____
- Chaperone's: I have a current background screening on file and I have attended VIRTUS training.

Signature of Parent / Guardian _____ Date _____

Faxes or Scanned copies of this form cannot be accepted

2016-2017 St. Peter Chanel Medical Release Form

I give permission to seek any emergency care should my child be involved in any accident or be injured in any way during such events. I understand that any such instance, all attempts will be made to contact the parent/guardian. In the event that I cannot be contacted, I hereby give permission to the attending physician to hospitalize, secure treatment for, and to order injection, anesthesia, and/or surgery for my child, as named herein.

Name of Minor: _____ Date of Birth: _____

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Name of Minor: _____ Date of Birth: _____

Address: _____

Home Phone #: _____

Father/Guardian's Full Name: _____

Cell Phone #: _____

Home Address: _____

Place of business/address: _____

Phone #: _____

Mother/Guardian's Full Name: _____

Cell Phone #: _____

Home Address: _____

Place of business/address: _____

Phone #: _____

Relative or friend to contact if unable to reach parent/guardian in the event of emergency:

Name & Relationship: _____

Phone #: _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Insurance Carrier: _____

Insurance Policy Number: _____

Insurance is provided by which parent and/or place of employment: _____

Address of Insurance Company: _____

_____ Phone #: _____

Special consideration to be aware of (i.e. allergies, medical conditions, etc.): _____

Medication (and dosage) my child is currently taking: _____

Parent please print name:

Parent Signature: _____

Date: _____