



NOTRE DAME HIGH SCHOOL

Member of the Middle States Association of Colleges and Secondary Schools
3417 Church Road, Easton, PA 18045
610 868-1431 Fax 610 868-6710 www.ndcrusaders.org

Release and Consent Form

Name: _____ Age/Grade: _____

Trip: _____

I, _____ give permissions for my son/daughter named above to participate in the trip to _____ in _____ (city/state), on _____ (date), and, if needed, to be evaluated, diagnosed, treated and/or medicated in accordance with normal medical practices by medical personnel as required. I release **Notre Dame High School, Inc.**, _____ (moderator), the **Diocese of Allentown** and **Bishop Alfred A. Schlert** of all responsibility and consequences that may arise as the result of this treatment. I will not hold **Notre Dame High School, Inc.**, _____ (moderator), the **Diocese of Allentown**, **Bishop Alfred A. Schlert**, chaperones or **representatives** responsible for injuries. I will accept any/and all financial responsibility as a result of any medical treatment given to my son/daughter.

My child agrees to abide by all rules and regulations set forth by **Notre Dame High School, Inc.** I further understand that **Notre Dame High School, Inc.**, the **Diocese of Allentown** and **Bishop Alfred A. Schlert** will not be held liable if my child fails to cooperate with said regulations and that any infraction of the rules may result in dismissal from the scheduled event. I will be responsible for any costs or other requirements for transportation home.

Medical Information (please print)

My child is allergic to: _____

My child takes the following medication (indicate dosage, frequency, etc.):

You should be aware of these special medical conditions of my child:

Insurance Carrier Name: _____ Contract/Group # _____

Individual Agreement # _____ Last tetanus booster _____

In case of emergency notify: _____

Phone #: _____ Relationship to student: _____

Parent/Guardian e-mail address: _____

Notre Dame High School, Inc.