

FOR OFFICE USE
Date Received: _____
Amount: \$ _____
Check # _____

**TOTUS TUUS 2017 – Children Summer Bible Camp
(Due in Parish Education Office by June 30, 2017)**

PERMISSION SLIP

Child's name	Child's Age	Child's Grade in 2017-2018
has my permission to participate in the St. Thomas Aquinas Totus Tuus – Children Summer Bible Camp the week of July 10 – 14, 2017.		

I hereby release and indemnify St. Thomas Aquinas Parish, its staff, volunteers, the Diocese of Madison, and the Catholic Bishop of Madison (A Corporation Sole), from any and all liabilities arising from claims of any kind whatsoever from my child's participation in this event.

_____	_____
(Signature of Parent of Guardian)	(Date)

AUTHORIZATION FOR MEDICAL TREATMENT

To Whom it May Concern:

As the parent and/or guardian, I do herewith authorize medical treatment for the above named minor in the event of a medical emergency. This authority is granted only after a reasonable effort has been made to reach me. This release is valid for the week of July 10 – 14, 2017.

_____	_____
(Signature of Parent or Guardian)	(Date)

(Address)

_____	_____
(Primary & Alternate Phone Numbers)	(Email Address)

Family Physician: _____ Phone: _____

Insurance Carrier: _____ Policy #: _____

Please specify any known allergies (including food allergies), chronic illnesses, and/or current medications being taken by your child:

Another person to contact in case of emergency:

Name/Relationship: _____ Phone: _____