



MARIST HIGH SCHOOL, CHICAGO, ILLINOIS  
PERMISSION AND MEDICAL FORM

Event: St. Blase Soup Kitchen

Student's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Homeroom \_\_\_\_\_

Name of parent(s)/guardian(s) \_\_\_\_\_

Address \_\_\_\_\_ City/ZIP \_\_\_\_\_

Home phone number \_\_\_\_\_

Place father works \_\_\_\_\_ Phone number \_\_\_\_\_

Place mother works \_\_\_\_\_ Phone number \_\_\_\_\_

Other ways to reach you: \_\_\_\_\_

**GENERAL PERMISSION:** I/We, the parent(s)/guardian(s) of \_\_\_\_\_  
give him permission to attend \_\_\_\_\_.  
I/We also give permission for him to be transported by transportation provided by the school to and from this event. I/We hereby release and save harmless Marist High School and any and all of its employees from any and all liability to my/our son as a result of this activity. Signature

**MEDICAL SECTION:** (Please write in "none" where it applies.)

Dietary restrictions: \_\_\_\_\_

Medicine student will need to take while on trip (list name, dosage, frequency, purpose):  
\_\_\_\_\_  
\_\_\_\_\_

**CONSENT:** Sign this section if, after reasonable attempts to reach you have been unsuccessful, you give **consent** for 1.) any treatment deemed medically necessary; 2.) treatment by any licensed physician or dentist if those listed below cannot be reached and treatment would be compromised by delay. Signature

Preferred p   
number \_\_\_\_\_

Preferred dentist: \_\_\_\_\_ Phone number \_\_\_\_\_

**OR, not both!!**

**REFUSAL TO CONSENT:** I do not give my consent to emergency medical treatment for my child. In the event of illness or injury requiring emergency treatment if I/we cannot be reached, I wish the authorities to take no action or to: \_\_\_\_\_  
\_\_\_\_\_

Signature

Sign

HERE

or

HERE:  
n o t  
both!

Meet @ 3:45 - Circle drive - main entrance  
? Can you be a driver? Yes  No

\*Wear a Marist  
sweatshirt