

# Leaves Clean-up - Saturday, November 20th

St. Rose of Lima 7/8 and Senior Youth Groups

Drop off 8:30 and Pick Up at 2:30 in the St. Rose parking lot.

**Come help families in Newtown clean up their yard!**

**Service hours given to those who actively work!**

Bring a rake, bag lunch and drink - For questions email Joe at demaida@stroseschool.com

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**Permission and Insurance Release for** (Child's name) \_\_\_\_\_.

Trip to, "**Leaves Clean-up**". \_\_\_\_\_ (Child's name) has my permission to participate in the St. Rose of Lima R. C. Church trip on November 20<sup>th</sup>, 2010 traveling with Joe DeMaida and other authorized chaperones.

I understand that neither St. Rose of Lima Church nor any of its agents are responsible for any injury sustained by my child. I accept responsibility for any medical expenses as a result of any such injury sustained.

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Parent or Guardian Signature)

\_\_\_\_\_  
(Date)

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## **For Medical Release Purpose**

To Whom it may Concern:

As a parent and/ or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

This release is intended for November 20th, 2010. This form is completed and signed of my own free will with the sole purpose of authority medical treatment under emergency circumstances in my absence.

Signed \_\_\_\_\_  
(Father, Mother, Legal Guardian) (Date)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

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

\_\_\_\_\_  
Specific medical allergies, chronic illnesses or other conditions

Another person to contact in the case of emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_