Diocese of Nashville Parental Consent Form St. Stephen Catholic Community

Activity:				
Name of minor				
T-Shirt size				
Address	City		_ zip	
Parent e-mail address				
activities? Yes Allergic Reactions	ur son/daughter in general good No (If not, pl	ease submit a statem	nent indicating lim	nitations)
Present medication				
Past illness or other in	nformation useful in treatment			
Insurance information: Insurance company: _				
	:			
In case of emergency: Contact person:				
Home phone	Work phone	Cell phone		
One additional name and phone number:				
evaluation and treatment of m be made to notify me by telep treatment as deemed necessary by a licensed physician or nur	the chaperons to act on my behedical problems. I understand hone. In the event that I cannot y (including surgery, x-ray exase).	that should a medic of be reached, I herel minations and anest	eal problem arise, a by give my conser thesia to be render	an attempt will nt to such red to said minor
	ivate vehicles are used to trans insurance coverage for that ve	*	ocese of Nashville	and St. Stephen
	of Nashville, St. Stephen Cath rticipation of said minor in this		aff, chaperons and	drivers from
		Signed (Pa	rent or Legal Guar	rdian)
•	by grant permission to St. Statholic Community Web site	•	• •	•

Signed (Parent or Legal Guardian)