

Allentown Central Catholic High School  
Medical/Insurance Release Form

I request that ACCHS allow our son/daughter (name) \_\_\_\_\_ to participate in the **Central City Project**.

I hereby release and hold harmless Allentown Central Catholic High School (ACCHS), any school appointed chaperones, Mr. Rice, Fr. Esposito, Mr. Markham, the Diocese of Allentown, and the Most Rev. Alfred Schlert, from any and all harm arising to my son/daughter as a result of his/her participation. If needed, my son/daughter may be evaluated, diagnosed, treated, and/or medicated in accordance with normal medical practices by medical personnel as required.

I release and hold harmless ACCHS, any school appointed chaperones, Mr. Rice, Fr. Esposito, Mr. Markham, the Diocese of Allentown, and the Most Rev. Alfred Schlert, from any and all responsibility and consequences that may arise as the result of this treatment. I 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 ACCHS and the sponsoring organization. I further understand that ACCHS, any school appointed chaperones, Mr. Rice, Fr. Esposito, Mr. Markham, the Diocese of Allentown, and the Most Rev. Alfred Schlert, will not be liable if my child fails to cooperate with said rules and that any violation of the rules may result in dismissal from the event. I accept any and all costs or other requirements for his/her transportation home.

**Medical Information** (please print):

Insurance Carrier Name: \_\_\_\_\_ Contract/Group# \_\_\_\_\_

Individual Agreement # \_\_\_\_\_ Last Tetanus Booster: \_\_\_\_\_

Emergency contact person(s) \_\_\_\_\_ or \_\_\_\_\_

Emergency phone number(s): \_\_\_\_\_ or \_\_\_\_\_

Please list any allergies and/or medications, what dosage? \_\_\_\_\_

Any special medical needs: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian Date

**Please return this form to Mr. Markham in the Campus Ministry office.**