



## Parental Consent and Release Form

Date: \_\_\_\_\_

I, \_\_\_\_\_ parent of \_\_\_\_\_, a parishoner  
at \_\_\_\_\_, understand that the Saint John's Catholic Prep will  
be hosting \_\_\_\_\_.

I authorize my son/daughter to participate with Saint John's Catholic Prep.

I grant permission for the Administrative staff at SJCP, to obtain medical care from a licensed  
physician, hospital or medical clinic for my son/daughter in the event I cannot be reached.

I release and hold harmless Saint John's Catholic Prep, (St. John's Literary Institution at  
Prospect Hall, St. John's Literary Institute), and their agents, representatives, or employees of  
and from any and all liability to my child as a result of his/her participation.

Student's Full Name (please print): \_\_\_\_\_

Student's Grade: \_\_\_\_\_

Parent/Guardian's Name (Please print): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Parent/Guardian's emergency contact phone number: \_\_\_\_\_

Date: \_\_\_\_\_