

St. Aloysius Gonzaga Catholic School
2019 Fund Run
Medical Release Form

[One form per child is necessary for accuracy]

Last Name

First Name

Grade

FUND RUN T-SHIRT

Please circle one

YOUTH SIZES

XS (2/4), S (6/8), M (10/12)
L (14/16), XL (18/20)

ADULT SIZES

S, M, L, XL, XXL

I request that my child, _____, be allowed to participate in the St. Aloysius School Fund Run to be held on Friday, May 31, 2019. In giving my permission, I release the Catholic Diocese of Spokane, St. Aloysius Parish and St. Aloysius School from all liability in case of injury or accident.

Parent or Guardian Signature

Date

Please provide any medical information or conditions (asthma, allergies or injuries) your child may have. Indicate the condition below. If your child has **no** medical concerns, indicate "NONE".

Condition

Medication

Emergency Contact (between 8 a.m. and 3 p.m. on May 31)

Name (please print)

Phone Number
