

St. Mary's Youth Ministry
PARENTAL PERMISSION AND CONSENT TO TREAT FORM

Event: _____

Date: _____

Time: _____

Location: _____
.....

Participant's Name: _____ Birth date: _____

Participant's Address: _____

Parish: _____ School: _____

Parent/Guardian's Name: _____

E-Mail Address: _____

Home Address: (if different from above) _____

Home Phone: _____ Work Phone: _____

I, _____, grant permission for _____
(Name of parent or guardian) (Name of child)
to participate in _____, t _____
(Name of Event) (Location)
on _____ . I understand that the program will have competent adult
(Date)

supervision and reasonable and appropriate measures will be made to minimize the risk of injury and/or accident. I understand and have been informed that taking part in this youth event involves the risk of injury. I hereby grant my consent for staff members and/or adult volunteers under whose auspices the program is conducted, to secure all necessary emergency medical care and/or treatment that may be necessary for my child during the entire event including any necessary transportation, if provided by a staff member or adult volunteer. I release and hold harmless any said staff member or adult volunteer from any liability, who in good faith is placed in a position requiring decisions to be made for emergency care or medical treatment of the above-named young person. In case of accident, injury or loss, neither my family nor I will hold the diocese, St. Mary's parish, nor any person or affiliate organization associated with the event, responsible or liable. In the event of an emergency, if you are unable to reach me at the above number, contact:

Name and Relationship: _____

Phone: _____ Additional Phones: _____

Family Physician: _____ Phone: _____

Allergic reactions (medications, foods, insects, etc) _____

(Medication(s) currently being taken) _____

My child has special medical/mental conditions: Yes ___ No ___ (if yes, please describe)

Insurance Company: _____ Policy Number: _____

Parents/guardians of participants are advised that photograph or videotape of participants may be used in publications, websites or other materials produced from time to time by tSt. Mary's Church & Youth Ministry. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the church in writing. Please note that the church & youth ministry have no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

Parent/Guardian Signature

Date

****Adult participants need only provide contact information and medical information***