

# Parent Permission Form



# YLM

We/I as parent(s) or legal guardian(s) of :

Teen Name: \_\_\_\_\_

Give permission for our child to -

1. Be a member of "YLM" High School Youth Group at SS. Simon and Jude Parish and participate in their weekly meetings, outings, service projects and other various youth group activities.
2. Receive reminders and updates from the "YLM team" via cell phone call, text message, letter, or e-mail throughout their youth group membership.
3. Be involved in carpooling at various times to local events and retreats.  
Please understand that you will be notified of who will be driving your child to each event.
4. Have their photograph taken and sometimes published in the Church Bulletin, Church Website or used in various media publications.

We consent to and give permission for, emergency medical care for our (my) child that may be needed as a result of my (our) child's participation:

Insurance: \_\_\_\_\_

Group # \_\_\_\_\_

I.D. # \_\_\_\_\_

## Emergency Contacts

1. Name: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Any allergies or medical concerns to be made aware of:

\_\_\_\_\_  
\_\_\_\_\_

Parent(s)/Guardian(s) Printed Name(s):

\_\_\_\_\_

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

Parent(s)/Guardian(s) Signature(s):

\_\_\_\_\_

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