

## Diocese of Cheyenne Youth Permission Form

Event: \_\_\_\_\_ Date(s): \_\_\_\_\_

Location: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

### PARTICIPANT INFORMATION

NAME OF PARTICIPANT: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ MALE/FEMALE: \_\_\_\_\_

YEAR IN SCHOOL: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

PERMISSION TO TEXT MINOR INFORMATION ABOUT EVENT?: YES OR NO

EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARISH: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN NAME: \_\_\_\_\_

PARENT/GUARDIAN EMAIL (IF DIFFERENT FROM ABOVE): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBERS: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

EMERGENCY CONTACT IN THE EVENT YOU CANNOT BE REACHED:

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

### PARTICIPANT HEALTH INFORMATION

HEALTH PROBLEMS AND/OR ALLERGIES: \_\_\_\_\_

SPECIAL TRAVEL/MOBILITY NEEDS: \_\_\_\_\_

MEDICATION AND DOSAGE: \_\_\_\_\_

Do adult leaders have your permission to administer Tylenol, Aspirin, Benadryl, bandages and other normal and simple first aid supplies to your participant?

Yes or No \_\_\_\_\_ Exceptions: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ POLICY # \_\_\_\_\_

POLICY HOLDER'S NAME: \_\_\_\_\_

### PHOTO WAIVER

\_\_\_\_\_ I grant permission to use my child's/youth name, likeness and/or photographic image in the production of brochures, newsletters, websites, newspapers, etc.

\_\_\_\_\_ I do not grant permission to use my child's/youth name, like likeness and/or photographic image in the production of brochures, newsletters, websites, newspapers, etc.

We (I) give permission for our (my) son/daughter to take part in

Event: \_\_\_\_\_ Date(s): \_\_\_\_\_

Location: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

It is understood that this youth ministry event is under adult supervision and that all reasonable precautions will be taken to prevent accidents and injuries. In the event of an accident or injury we (I) hereby release;

Sponsoring Organization: \_\_\_\_\_

Participant's Parish: \_\_\_\_\_

Diocese of Cheyenne;

and adult chaperones from any financial liability whatsoever, resulting from or in any manner arising out of any injury or damage which may be sustained on account of our (my) child's participation in the above named event; including transportation associated with the event.

In the event of an emergency, I hereby give permission to transport my child to a hospital or outreach facility for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

:

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

DATE OF SIGNATURE: \_\_\_\_\_