

Mary, Mother of God Youth Ministry Event
PARISH EVENT/TRIP PARENTAL PERMISSION & MEDICAL RELEASE FORM

Child's Name _____ Age _____ Sex _____

() Parishioner () Non Parishioner, Friend of _____

Address _____ City _____ State _____ Zip _____ Home Phone _____

School _____ Grade _____ Birth Date _____ E-Mail _____

All Youth Ministry Events sponsored by Mary, Mother of God Parish

Permission for Child to Participate

I/we, the parents or guardians of the above mentioned child, for myself/ourselves and for my/our child. Give permission for my/our child to participate in Youth Ministry Events for Mary, Mother of God.

Medical Authorization

In the event of any injury or illness to my/our child during his/her participation in this one-day (or less) program, I/we hereby give my/our permission for the necessary medical treatment to be given to my/our child. I/we agree that in case of injury to my/our child, we will apply my/our hospitalization and/or or accident insurance toward payment of the expenses incurred and will not look to Mary, Mother of God Parish, or any other program sponsor or volunteer for the payment of any medical costs or injury related costs.

Parent/Guardian Signature(s) _____ Name(s) (Please Print) _____ Date _____

Phone number(s) for emergency _____

Insurance Company _____ Policy and/or ID number(s) _____

Name and phone number of person to call if parent is not available. _____

ATTENTION: PLEASE COMPLETE REVERSE SIDE ALSO!

