St. Thomas More Youth Ministry

Name of event/activity/tri	ip					
Date of event/activity/trip)					
Where						
Student Name		Age		Parent E-Mail Address		
Address	City	State	Zip	()Student or Parent Ph	none	
School	Grade	Par	rish	T-Sh	T-Shirt Size	
advertisement of the program Teen pictures Parent/Guardian Signature		d if there is a group Teen Signate		oto page will only use first name nore people in a photo. Date	es only.	
I/We, the parent(s) or guardi permission for my/our	the child to participate be necessary, checked by <i>St. Thomas More</i> behalf of my child-patess St. Thomas More personal injury, sicknet dersigned and the child-pates as a result of participate. Thomas More to fool to hold harmless and gent, willful or intentionage of 21 years): We criticipate fully in said edical treatment, includedical bills, if any. Further the child harmless and gent, willful or intentionage of 21 years): We criticipate fully in said edical treatment, includedical bills, if any. Further the child harmless and gent, will full or intentionage of 21 years): We criticipate fully in said edical treatment, included the child harmless and gent, will full or intentionage of 21 years).	mentioned child te in the above reas should be made to for participation articipant if said child Roman Catholic Cess or death, as well ald-participant whild ricipant if under the pation in recreation furnish any necessal indemnify St. The conal acts of said pational acts of said pation are the parent(s) went and hereby giving but not in limit or ther, should it be	In this event, we let be a payable to so that the let be a payable to so that the let be a property damped as property damped and work activity transportation and work activity transportation to legal guardiant to legal guardiant to emergence and the let be a payable to so	ourselves and for my/our cont, on the above written date. Thomas More Church. e(I), being 21 years of age or of age or older) do hereby relevances of Pittsburgh, thereof from age and expenses, of any nature participating in the above describes hereby assume all risk of persities involved therein. Further, and, food and lodging for this particits employees and agents, for any expenses incurred attendant in(s) of this participant, and hereleission to take said participant to make your product of the participant of the par	older, do for case, forever om any and whatsoever ribed event. sonal injury, uthorization icipant. The any liability there to. (If by grant our o a doctor or ent, and will	
Parent/Guardian Name and S	Signature			Parent/Guardian Phone N	lumber	
Insurance Company		Policy Nu	mber			
Name & Phone Number of P	Person if parent/gua	ardian is not ava	ilable			

Consent to Treat I/We the undersigned parent(s)/guardian of _______, a minor, do hereby authorize treatment of my/our child by a licensed medical physician in case of any accident or illness that may so arise, or any hospitalization necessary. Father/Legal Guardian Mother/Legal Guardian This consent form will remain effective until the end of the event. **Medical Matters** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes... 1.) Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. My child will administer his/her own medication. Signature: _____ Date: ____ 2.) I hereby grant permission for nonprescription or nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. Signature: 3.) No medicating of any type whether prescription or nonprescription may be administered to my child unless the situation is life-threatening and emergency treatment is required. Signature: _____ Date: ____ Any known allergies? Any physical limitations? Any medically prescribed dietary needs? Is child a vegetarian? Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking? If yes, explain:

In case this pertains to the nature of the event/trip/activity, please answer the following question:

List other teens you would like to room with (overnights)

Would your parent like to be a chaperone? If yes, do they have all their clearances?

How many teens can fit in your vehicle?

Any additional comments: