



Permission Form

March 28, 2020. Stage AE.

All attendees under the age of 18 must have a permission form and an image waiver completed by their parent/guardian in order to attend Arise.

If you are not submitting your permission form to your youth minister, complete this form and sent it to Gary Roney, director of Youth and Young Adult Engagement at: groney@diopitt.org or 111 Boulevard of Allies, Pittsburgh, PA 15222.

Registration:

Name	Birthdate	Age	Sex
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Address	City	State	Zip	Phone
	8 - 9 - 10 - 11 - 12			

School	Grade (circle one)	Parish
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Teen E-mail Address and Cell Phone	Parent/Family Email
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Parent(s) Name	Parent(s) Cell Phone
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Permission:

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 the abovementioned event on the above written dates.

Signature	Date
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Medical Authorization:

In the event of any injury or illness to my/our child during his participation in this event, 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, I/we will apply my/our hospitalization and/or accident insurance toward payment of the expenses incurred and will not look to the Roman Catholic Diocese of Pittsburgh for the payment of any medical costs or injury related costs.

Parent/Guardian Signature

Parent/Guardian Phone Number

Insurance Company

Policy Number

Name and Phone Number of Person if parent/guardian is not available

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

Date: _____. This consent form will remain effective until March 29, 2020.

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 medication (such as Tylenol®, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

Signature: _____ Date: _____

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?

Are you a vegetarian? YES NO

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting? YES NO

If yes explain:

Emergency contact if parent/guardian unavailable:

Name

Phone Number

Department of Youth and Young Adult Engagement

Diocese of Pittsburgh

111 Boulevard of Allies, Pittsburgh PA 15222

Gary Roney, Director

groney@diopitt.org

Waiver / Photograph Release:

I authorize the Department of Youth and Young Adult Engagement to use photos, and or other likeness of myself and/or my child or the child for whom I have legal guardianship for any promotional materials regarding Department of Youth and Young Adult Engagement programs, facilities, or services.

Such likeness will not be sold to other parties. Promotional materials bearing these likenesses may be distributed for free to the public and posted on the Diocese of Pittsburgh's website and social media channels.

The Department of Youth and Young Adult Engagement reserves the right to use any photo or likeness for a time period beginning when this form is signed and ending upon written request of participant, parent or legal guardian.

Participant's Name, Printed: _____

Participant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

(If participant is under 18 years of age.)