

# Permission Form for Youth Activities

## Valid for September 1, 2008 – August 31, 2009

In consideration of Blessed Sacrament Church arranging for participation in various activities throughout the year, the undersigned parent/guardian of \_\_\_\_\_, a minor, hereby releases and agrees to hold harmless the above named parish or any of its advisors, chaperones or persons connected with these events/trips from any liability, claims, and or damages for personal injury, property loss/damage which may result during these events/trips.

I give permission for my child \_\_\_\_\_ to be transported to and from these events/trips in vehicles driven by adult chaperones.

The undersigned \_\_\_\_\_ hereby agrees to abide by the rules established for these events.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 200\_.

\_\_\_\_\_  
Signature of parent

\_\_\_\_\_  
Signature of participant

---

### Authorization for Medical Treatment

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Birth date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Work/Cell phone

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy Number

I hereby authorize the treatment, administration of anesthesia, surgical treatment(s) for my minor son/daughter \_\_\_\_\_ in the event of a medical situation occurring during my absence or when the hospital or physician(s) are unable to contact me. This authorization extends to any hospital, physician(s) and nursing personnel within the physician's staff where treatment is rendered in the physician's office. I reserve the right to hold liable the hospital, physician(s) and nursing personnel who perform medical procedures acting on the authority of this medical treatment consent form which such medical providers deem necessary for my minor child.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2008 and valid until the \_\_\_\_\_ day of \_\_\_\_\_, 2009.

Parent's signature \_\_\_\_\_