

# Fun in the Son - Permission Slip

In consideration of my parish, \_\_\_\_\_, arranging for a youth ministry trip to

- \_\_\_\_ Great America on Wednesday, June 18, 2008 \_\_\_\_\_ (Parent/Guardian initials)  
\_\_\_\_ Lifest on Friday, July 11, 2008 \_\_\_\_\_ (Parent/Guardian initials)  
\_\_\_\_ Noah's Ark on Tuesday, July 29, 2008 \_\_\_\_\_ (Parent/Guardian initials)  
\_\_\_\_ Brewer's Game on Monday, August 11, 2008 \_\_\_\_\_ (Parent/Guardian initials)

Please check here if an adult is available to assist as a chaperone.

I, the undersigned parent/guardian of \_\_\_\_\_, a minor, hereby release and agree to hold harmless the above named parish or any of its advisors, chaperones or persons connected with the trip(s) from any liability, claims, damages for personal injury, property loss/damage which may result during the event.

\_\_\_\_\_  
Signature of Parent/Guardian

Dated this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

**Use of Photos:** I give the sponsoring parishes permission to use photos or videos of my children taken during program activities for future program promotion purposes.

\_\_\_\_\_  
Signature of Parent/Guardian

Dated this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

The undersigned participant \_\_\_\_\_ hereby agrees to abide by the rules established for the above event(s).

\_\_\_\_\_  
**Signature of Participant**

Dated this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

## Authorization for Medical Treatment

_____ Child's Name	_____ Family email	_____ Child's Birth Date	
_____ Address	_____ City	_____ State	_____ Zip
_____ Parent or Guardian Name	_____ Work Phone	_____ Home Phone	_____ Cell Phone
_____ Emergency Contact Name	_____ Work Phone	_____ Home Phone	_____ Cell 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 realize from medical responsibility and liability the hospital, physician(s) and nursing personnel for performing medical procedures acting on the authority of this medical treatment consent form which such medical providers deem necessary for my minor child.

\_\_\_\_\_  
Signature of Parent/Guardian

Dated this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.  
and valid until the **31** day of **August, 2008**.

Special Medical Conditions/Other Necessary Health Information:

\_\_\_\_\_  
\_\_\_\_\_