

ST. DAMIAN CATHOLIC CHURCH
YOUTH PERMISSION AND PARENTAL/GUARDIAN
AUTHORIZATION

I HEREBY GIVE PERMISSION FOR MY SON/DAUGHTER TO ATTEND: _____

NAME _____

ADDRESS _____

CITY/STATE _____

PHONE _____

I understand that my son/daughter will be chaperoned by a St. Damian Staff Member or St. Damian Ministry Volunteer. I also understand that any photographs or videos taken at this event may be used by St. Damian Catholic Church for Parish purposes.

I hereby release and indemnify St. Damian Catholic Church, St. Damian Staff Members and St. Damian Ministry Volunteers from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this program. I understand that if my child violates any laws regarding possession of alcohol or drugs, or rules governing the event that the undersigned cannot be reached and in the judgment of the responsible adult or other appropriate staff member accompanying the group, if there is a necessity for immediate examination and/or treatment of my child, I hereby authorize any of the aforesaid personnel to obtain for my child such medial services as are deemed necessary.

I GRANT PERMISSION for the adult chaperones for this event to administer non-prescription drugs as needed for my son/daughter.

(asprin/ibuprofen, antacids) _____ Yes _____ No

Parent/Guardian Signature _____ Date _____

Name of Physician _____ Phone _____

Policy in Name of _____ Policy # _____

Insurance Company _____

Allergies _____ Medication _____

Diabetic _____ Medication _____

Asthmatic _____ Medication _____

Child carries medications: _____

Emergency Contact _____

Name _____ Phone _____