

2008/2009 YOUTH MINISTRY PERMISSION FORM

I hereby give my child, _____, permission to participate in all Youth Ministry activities, trips and programs, sponsored by St. Anthony's of Padua Parish for the program year beginning September 1, 2008 through August 31, 2009.

PARENT/ GUARDIAN SIGNATURE: _____ DATE: _____

General Information

Child's Name: _____ Date of Birth: _____

Address: _____
(STREET) (TOWN) (ZIP)

Home Telephone #: _____

High School Attending: _____ Grade in Sept. '08: _____

Father's Name: _____ Cell Phone # _____

Mother's Name: _____ Cell Phone # _____

Medical / Emergency Information & Release

In the event my child becomes ill, is injured or required emergency medical attention of any kind, and I cannot be reached by telephone, I hereby authorize the adult chaperone to make the necessary decisions concerning emergency treatment. I also give permission for my child to be transported to the nearest medical facility or hospital for treatment.

PARENT/ GUARDIAN SIGNATURE: _____ DATE: _____

If a parent cannot be reached, please contact the emergency person listed below:

Contact: _____ Tel. # _____

Relationship: _____

My child wears Contact lens YES _____ NO _____

My child's last Tetanus shot was on _____

Please list any allergies to Medications your child has: (If NONE check here _____)

Please list any medications your child takes on a regular basis: (If NONE check here _____)

Is there any other health/ physical information we should know about your child: (ex: Asthma, Food Allergies, ADD/HD, etc.)

Family Physicians Name: _____ Office Tel. # _____

Medical Insurance Company: _____

Policy Number: _____ Group Number: _____