

St. Edward the Confessor Parish
569 Clifton Park Center Rd.
Clifton Park, NY 12065
518-371-7372

ACTIVITY/PROGRAM PERMISSION & MEDICAL CONSENT FORM

I, _____, the parent or guardian of _____,
(Name of parent/guardian) (Name of child/youth)

a child/youth at St. Edward the Confessor Parish, hereby grant permission for the above

child/youth to attend _____ at _____
(type of activity/program) (place of trip)

with _____
(Name of catechist/youth minister)

on ____/____/____ from approximately _____ to _____, and I consent to his/her participation in this off site activity/program. I understand that my child/youth will get to the place of the activity/program and return by _____.
(Means of transportation)

I authorize the employees, representatives and chaperones of St. Edward the Confessor Parish to obtain emergency medical treatment, should it be necessary, during my child's attendance and participation in above program.

I understand that I will be notified immediately should it become necessary to obtain emergency treatment. The person(s) who should be notified and the telephone number(s) are:

Name _____ Phone _____

Name _____ Phone _____

I fully understand what is involved in this trip, and I understand that I have the opportunity to call the catechist/youth minister and ask him/her about the activity/program.

In case of an emergency, I can be reached at _____.

MEDICAL INFORMATION *(please type or print)*

Allergies: _____

Required medication (please indicate dosages, frequency, etc.):

Special Medical Conditions:

Insurance Carrier: _____ Policy Carrier: _____

Policy Number: _____

Date of last tetanus booster ___/___/___

Signature of parent/guardian

___/___/___

date

YOUTH AGREEMENT

I agree to abide by all rules and regulations decided upon by the parish of St. Edward the Confessor and the leadership personnel of the event. I understand that neither the parish of St. Edward the Confessor nor the leadership personnel of the event will be held liable if I fail to cooperate with said regulations and that any infraction of the rules may result in immediate dismissal from the event. I also understand and agree that I will notify my parent or guardian at the time of any violations requiring my dismissal from the program/activity and that I will be sent home at my own and/or parent's/guardian's expense.

Signature of Youth Participant

___/___/___

date