

IMPACT Catholic Youth Group
PARENTAL PERMISSION AND CONSENT TO TREAT FORM

Participant's Name: _____ Age: _____ Birth date: _____

Participant's Address: _____

Church: _____ School: _____ Grade: _____

Parent/Guardian's Name: _____

Home Address: (if different from above) _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

I understand that the program will have competent adult supervision and reasonable and appropriate measures will be made to minimize the risk of injury and/or accident. I understand and have been informed that taking part in this youth event involves the risk of injury.

I hereby grant my consent for staff members and/or adult volunteers under whose auspices the program is conducted, to secure all necessary emergency medical care and/or treatment that may be necessary for my child during the entire event including any necessary transportation, if provided by a staff member or adult volunteer. I release and hold harmless any said staff member or adult volunteer from any liability, who in good faith is placed in a position requiring decisions to be made for emergency care or medical treatment of the above-named young person. In case of accident, injury or loss, neither my family nor I will hold the diocese, the parish, nor any person or affiliate organization associated with the event, responsible or liable.

In the event of an emergency, if you are unable to reach me at the above number, contact:

Name and Relationship: _____

Phone: () _____ Additional Phones: _____

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Family Physician: _____ Phone: () _____

Insurance Company: _____ Policy Number: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage is as follows:

Allergic reactions (medications, foods, insects, etc)

My child has special medical/mental conditions: Yes ___ No ___ (if yes, please describe)

My child is subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting. Yes ___ No ___ (if yes, please explain)

PLEASE SIGN ONLY ONE OPTION BELOW ----

I hereby grant permission for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

Signature: _____ Date: _____

No medicating of any type, whether prescription or nonprescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

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Parents/guardians of participants are advised that photograph or videotape of participants may be used in publications, websites or other materials produced from time to time by the Office for Youth and Young Adult Ministry or the Diocese of Harrisburg. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the Office in writing. Please note that the Office has no control over the use of photographs or film taken by media that may be covering the event in which you child(ren) participate(s).

Parent/Guardian Signature

Date

Description of event and signature that NO information has changed is required for each new event! This form is good for ONE YEAR after the first box is signed, or until information is changed.

I hereby give my permission for my child to attend the following event, and attest that all the above information is correct and up to date.

Event: Destination Unknown

Date: _____

Parent Signature: _____

I hereby give my permission for my child to attend the following event, and attest that all the above information is correct and up to date.

Event: _____

Date: _____

Parent Signature: _____