

Permission Slip

Name of Event _____ Location _____

Mode of Transportation _____

Youth Name _____ Date of Birth _____ Grade _____

Address _____ City, State, Zip _____

Parent/Guardian Name _____ Phone _____

Youth's home Phone _____ Another number for parent/guardian _____

Youth Agreement

I understand that my participation in this program requires compliance with specific rules and regulations as set for by the parish and the coordinating adults. I agree to abide by all rules and regulations set forth. Any infraction of the rules or regulations, including, but not limited to, the possession of alcohol, drugs, or weapons may cause my dismissal from the program. If I should be dismissed, I understand that my parents will be contacted to arrange for my immediate transportation home.

Youth Signature: _____ **Date** _____

Parental Agreement

I, the parent/guardian of _____ who is less than eighteen years of age, grant permission for my daughter/son to participate in the _____ (event) directed by (parish/school) _____. By allowing my child to participate in the said program, I hereby assume all risk or accident or harm arising or growing out of, directly or indirectly, any incident of any kind occurring during the course of such program to my child and do hereby release and discharge the Bishop of the Diocese of Youngstown, Our Lady of Perpetual Help, their staff and volunteers, the agents, associates, and employees of the Bishop and parish who have organized or participated in the supervision of such program from all claims, demands, suits, causes or actions, rights, costs, expenses, and any compensations whatsoever which may occur to my family and its members during or resulting from participating in the program mentioned.

Signature: _____ **Date** _____

I am aware of the said program, including the times, costs, and adults chaperoning the program, and have clarified any concerns I may have with the coordinating adult in charge. I agree that my son/daughter shall abide by all rules and regulations of the program including regulations regarding alcoholic beverages, drugs, and weapons. I agree that if my son/daughter fails to abide by the regulations set forth, he/she may be dismissed from the program and I will need to arrange for his/her immediate transportation home at my expense. I understand that any photographs or video taken at this event may be used in diocesan publications.

Signature: _____ **Date** _____

Permission and Release for Medical Form

Medical Information *(Please check and sign **only** those in accordance with your wishes.)*

In the event, of an emergency, I hereby grant permission to transport my son/daughter and obtain emergency medical or surgical treatment from a licensed physician, hospital, or medical clinic. I hereby authorize medical personnel to release necessary information about my care to Cindee Case and/or Faye Abbondanza of the Diocesan Office of Youth & Young Adult Ministry, as well as my parish group leaders(s) named here _____

I wish to be advised prior to further treatment by the hospital or doctor. In the event I cannot be reached, please contact (name) _____ at (phone) _____
Relationship to youth _____
Family physician _____ Phone _____

(Please check one of the following)

- ☑ My son/daughter is covered by hospitalization and medical insurance under policy # _____ issued by _____
- ☑ My son/daughter does not have medical coverage and I assume responsibility for the cost of hospitalization and medical care for my son/daughter.

Signature: _____ **Date:** _____
I hereby warrant that to the best of my knowledge, my son/daughter is in good health. I do not want any medical treatment to be given to my son/daughter under any circumstances. I hereby assume all responsibility for the health and well being of my son/daughter and release from responsibility the Bishop of the Diocese of Youngstown, and parish/school, and the agents, associates, and employees of the Bishop and parish who have organized or participated in the supervision of such program.

Signature _____ **Date:** _____

My son/daughter is taking medications at present. He/she will bring all such medications necessary and such medications will be well-labeled. The names of and concise directions for taking such medications, including dosage and frequency of dosage are as follows. _____

Signature: _____ **Date** _____

No medication 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:** _____

I hereby grant permission for general first aid to be administered, or for nonprescription self -administered medication (such as throat lozenges, cough syrup, Acetaminophen/ Tylenol or Ibuprofen/Advil), to be given to my son/daughter, if requested by my son/daughter and deemed advisable by an adult chaperone.

Signature: _____ **Date:** _____

I wish to inform you of the following additional medical information and the recommended course of action

Signature: _____ **Date:** _____