

*Office of Evangelization, Catechesis and Family Life*  
*Roman Catholic Diocese of Albany*

**ACTIVITY/PROGRAM PERMISSION & MEDICAL CONSENT FORM**

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

a child/youth at \_\_\_\_\_ 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 \_\_\_\_\_  
(name of 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 \_\_\_\_\_.

(over)

10/1/08

**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 \_\_\_\_\_ and the leadership personnel of the event. I understand that neither the parish of \_\_\_\_\_ 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

(over)