

ST ELIZABETH ROMAN CATHOLIC CHURCH
YOUTH MINISTRY TEAM
PARENTAL PERMISSION FORM FOR YOUTH MINISTRY ACTIVITY

Due: March 31, 2010

**Bring to FISH meeting or mail to: Anne Tymon, 810 Robert Dean Drive, Downingtown,
PA 19335**

ACTIVITY: OPERATION RESURRECTION

Date: Friday, April 2, 2010

Place: We will be visiting the families of deceased parishioners

Transportation: Drop off and pick up from St Elizabeth Catholic Church
(Arrival time) 10:00 am (Pick up time) 12:00 noon

Adult in Charge: Anne Tymon Contact Phone #: 484-678-7528 (during event)
610-873-2914 (prior to event)

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My child, _____ has my permission to participate with the Saint Elizabeth Youth Ministry group activity:

Emergency Contact During Activity Hours

Name _____ Phone number(s) _____

I understand that neither Saint Elizabeth Roman Catholic Church nor any of its agents are responsible for any injury sustained by my child. I accept responsibility for any medical expenses as a result of any such injury sustained.

Phone Parent or Guardian Signature Date

MEDICAL RELEASE

To Whom It May Concern:

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor for _____ in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

This release is intended for _____ (date). This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent Signature Date

All participants must complete a medical/insurance or have one on file
Form available at: stelizabetparish.org