SAINT ELIZABETH ROMAN CATHOLIC CHURCH
YOUTH MINISTRY TEAM
PARENTAL PERMISSION & RELEASE FORM

Deadline:

PERMISSION AND INSURANCE RELEASE FOR: ____

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

ACTIVITY ____

(Place) ____

(Date) ____________________(Chaperone & phone #) ______________________________

(Transportation)____

(Arrival time)__________________________________(Pick up time) __________________

(Cost) ______________________________(Details)_________________________________

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.

Please notify the office whenever there is a change in medical/insurance information.

____ _________________________

Name of Parent Date

All guests must complete a medical/insurance form available at: stelizabethparish.org