



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

***Deadline: July 1, 2008***

**PERMISSION AND INSURANCE RELEASE FOR:** \_\_\_\_\_

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

**FLY SUMMER TRIP TO HERSHEY PARK, HERSHEY, PENNSYLVANIA**

**DATE: JULY 10, 2008**

**TRANSPORTATION DETERMINED BY NUMBER OF PARTICIPANTS:**

EITHER SCHOOL BUS OR CHAPERONE VEHICLES.

**DEPARTURE FROM PARISH – 9:30AM**

**RETURN TO PARISH – 9:30PM**

**COST: \$40.00 (does not include cost of food)**

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.

\_\_\_\_\_  
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 JULY 10, 2008. 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.

\_\_\_\_\_  
Name of Parent

\_\_\_\_\_  
Date