

**Parental/Guardian Permission Form for Name of Event**  
**THE FOLLOWING FORM MUST BE COMPLETED FOR EVERY YOUTH**

I hereby give permission to my son/daughter (Fill in participants name) \_\_\_\_\_ to participate in event sponsored by St Patrick of Wadsworth. I hereby release and indemnify the Archdiocese of Chicago, St. Patrick for this event, its staff and volunteers; and the Catholic Bishop of Chicago, a corporation sole, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in the program. I understand that if my child violates any laws regarding possession of alcohol or drugs, or rules governing the event, I will be called and notified about situation and/or arrangements made to send my child home at my expense.

**MEDICAL AUTHORIZATIONS**

In the event that the undersigned cannot be reached, and in the judgment of the responsible adults or other appropriate staff members accompanying the group. If there is a necessity for immediate examination and/or treatment of my child. I hereby authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary.

**I GRANT PERMISSION** for the adult chaperons for this event to administer non-prescription drugs as needed for my teen (aspirin, ibuprofen, antacids, etc.) \_\_\_\_\_ YES \_\_\_\_\_ NO

**I AUTHORIZE THE NAME OF YOUR PARISH** to use photographs/videos of my child for productions, publications, etc. \_\_YES \_\_NO

**EMERGENCY CONTACT** (In event above parent(s)/guardians(s) cannot be reached.)

**NAME OF EMERGENCY CONTACT** \_\_\_\_\_

Relationship \_\_\_\_\_

Phone No. ( ) \_\_\_\_\_

**NAME OF PHYSICIAN** \_\_\_\_\_

Phone No. ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

**INSURANCE INFORMATION**

Policy in the Name of \_\_\_\_\_

Policy # \_\_\_\_\_

Insurance company \_\_\_\_\_

ID # \_\_\_\_\_

**HEALTH INFORMATION**

Allergies: \_\_\_\_\_

Current Med \_\_\_\_\_

Other Comments \_\_\_\_\_