

PARENTAL AUTHORIZATION – EPIPHANY YOUTH ACTIVITY

Type of event _____

Date(s) of event _____ Destination of event _____

Time of departure _____ Leaving from _____

Time of return _____ Returning to _____

Transportation _____ Cost _____

Name of Student _____ Grade _____

Address _____

Parents Name _____ Home Phone () _____

Work Phone () _____ Work Phone () _____

Emergency Contacts

If you are unable to reach me or our family doctor stated above, please contact:

Name and Relationship _____

Home Phone () _____ Work Phone () _____

Medical Information I hereby state that my son/daughter is in good health and can participate in all activities in this event except as stated below.

Medications and Instructions _____

Allergies _____

Any Other Special Circumstances _____

I hereby AUTHORIZE any emergency treatment of my son/daughter that must be administered before I can be contacted. I wish to be advised as soon as possible of such treatment. I otherwise wish to be advised of any proposed medical treatment of my child prior to such treatment.

RELEASE I agree on behalf, my son/daughter, our heirs, successors and assigns, to release, absolve, indemnify, hold harmless and defend Epiphany's Parish, Epiphany Youth Ministry, its officers, directors and agents and the Archdiocese of Minneapolis and St. Paul, the chaperones, and the organizers of this event from any injury to, illness of, or cost of medical treatment for my son/daughter arising in connection with this event. I recognize that this event involves an element of risk incidental to such event and on behalf of myself and my son/daughter I hereby assume all such risk. I further recognize there is no medical insurance provided by the parish or the archdiocese.

I _____, grant PERMISSION for my son/daughter,

Parent or Guardian

_____ to participate in this EPIPHANY youth event.

Date _____ Signed _____

Parent or Guardian

PERMISSION TO USE PHOTOS/VIDEOS OF YOUTH:

I give permission for pictures and videos of my child(ren) to be used by the Church of the Epiphany on their website, newsletters, bulletin boards, or other publications for parish and program promotion and information.

SIGNED _____

Parent or Guardian

