

St. Raphael Youth Ministry Permission Form

I (WE), _____ parent(s)/guardian request that my child _____ be allowed to participate in the following activity _____ on _____.

I (WE) further give my (our) permission for _____ to ride in any vehicle designated by the adult in whose care my (our) child has been entrusted while participating in the above activities.

In consideration of permitting my (our) child to attend and/or participate, I (we) do hereby, for myself (ourselves) and my (our) child (children) waive and release any and all claims that I might have against Chad Bader/Joshua Huff, St. Raphael Church and any designated driver of a van, bus, car or vehicle, for any and all injuries or losses suffered by said child (children) while engaged in the above activities.

In case of any medical emergency, I understand that every effort will be made to contact the parents or guardians of the child participating in the Youth Ministry Programming of the parish. In the event that I cannot be reached, I hereby give permission to the physician selected by the Youth Ministry Coordinator to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named herein.

I also give my permission for the use of photographs/video, which may include my child, to be used by St. Raphael youth ministry and/or the Archdiocese of Louisville for promotional purposes. This includes but is not limited to bulletin boards, newsletters, St. Raphael’s Website and/or St. Raphael Social Media.

Parent/Guardian **SIGN** below

X _____

Parent Name (Print): _____

Cell Phone (Parent/Guardian 1): _____ **Cell Phone (Parent/Guardian 2):** _____

Home Phone: _____

Allergies _____ **May we give Tylenol? YES or NO**

Alternate Emergency Contact Name Cell Phone Home Phone

(Name of Insurance Carrier) **(Policy Number)** / **(Group Number)**