

## PARENTAL AUTHORIZATION

NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

INSURANCE #: \_\_\_\_\_

ALLERGIES OR OTHER KNOWN DISEASES, DISORDERS OR DISABILITIES:

\_\_\_\_\_

**Date:**

**Time:**

**Event:**

**Place:**

**Transportation:**

I give my permission for my child to take part in the activity, \_\_\_\_\_. In consideration of the opportunity for my child to participate and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless the Archdiocese of St. Paul and Minneapolis - the Church of St. Stephen Youth Ministry Office - its agents, employees and officers, and the chaperones, leaders, organizers and sponsors, and persons transporting our child to and/or from these activities. Neither the Archdiocese of St. Paul and Minneapolis - Church of St. Stephen Youth Ministry Office or any of said persons shall be held financially responsible for any injury, illness, or death incurred as a direct or indirect result of this activity.

We, the undersigned, have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

THERE IS NO MEDICAL INSURANCE PROVIDED BY THE PARISH OR ARCHDIOCESE.

In the event of an emergency and I cannot be contacted, I hereby authorize that emergency treatment be administered.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

IN CASE OF INJURY/ILLNESS, CONTACT: \_\_\_\_\_ PH: \_\_\_\_\_

IF CANNOT BE REACHED, CONTACT: \_\_\_\_\_

THE FOLLOWING ARE SPECIAL CIRCUMSTANCES REGARDING MY CHILD YOU SHOULD BE AWARE OF: