



**ST. MICHAEL THE ARCHANGEL PARISH &
ARCHDIOCESE OF BALTIMORE
DIVISION OF YOUTH &
YOUNG ADULT MINISTRY
PERMISSION FORM AND RELEASE**

Youth Name: _____ Home Phone: _____
Parent Name: _____ Work Phone: _____
Other number where Parent can be reached: _____
Address City/State/Zip _____
Social Security Number of Young Person _____ - _____ - _____
Date of Birth: _____ Male Female (please circle)

In consideration of the wholesome recreational and learning experience in which my son/daughter will participate, I as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany the youth ministry/campus ministry group of their parish/school to: _____(event/date/time)
I/we acknowledge receipt of the attached information sheet describing the planned activities. _____

In consideration of the opportunity for my son/daughter to participate in the program, I agree to RELEASE AND HOLD HARMLESS AND INDEMNIFY St. Michael the Archangel Roman Catholic Congregation, the Division of Youth & Young Adult Ministry, the Roman Catholic Bishop of Baltimore and his successors, a Corporation Sole, and all their agents, servants and employees from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my son/daughter's participation in the program.

I hereby grant permission to any staff person to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that I cannot be reached.

(Check one of the following:)

I am covered by hospitalization and medical insurance under policy
_____ issued by _____

I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my son/daughter.

I hereby grant permission to any staff person to provide the following over-the-counter drugs (or their generic equivalent) to my son/daughter if requested by my son/daughter (Check all that apply:)

Tylenol Benadryl Advil Sudafed Midol Kaopectate Neosporin Pepto
Bismol

(over)

ADD any other medical information concerning medication, allergies, illness, etc.

ADD any dietary restrictions: _____

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the St. Michael the Archangel Roman Catholic Congregation, Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify St. Michael the Archangel/Division in writing. Please note that the Division has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Child's Name _____

DYYAM 05-20-2010