



Parental Permission Form

Event: _____ Date(s) _____

Name of Participant: _____ Male: _____ Female _____

Address: _____

Town: _____ State: _____ Zip: _____

Date of Birth: _____

Insurance Information

Family Health Insurance Co. : _____ Policy #: _____

Family Physician: _____ Phone #: _____

Medication(s) : _____ Allergies: _____

Any other information we may need to know:

Consent Form

In signing this form, I hereby certify that all information is correct. I give permission for the release of medical records to an attending physician in case of injury or illness. I understand that in case of medical emergency every effort will be made to contact me, the parent or guardian of the above mentioned student. In the event that I can not be reached, I give my permission to the physician attending my child to hospitalize and secure proper medical treatment necessary for the health and wellbeing of my child. I hereby agree that no liability is assumed by St. Joseph Parish, its employees or volunteers, or affiliates for claims which may arise out of this activity.

The undersigned youth agrees to conduct him/herself with respect, dignity and maturity as well as to treat those who have accompanied them, the property which we use, and the people we will meet, with the same respect and maturity. He/She understands that in the case that these expectations are not met, a parent or guardian will be called and they will be immediately removed from the above mentioned program. Please note, no person under the age of 18 will be allowed to carry or dispense any medication, including over the counter pain relievers.

Parent /Guardian Signature: _____ Date: _____

Participant Signature: _____ Date: _____

Emergency Contact Person: _____

Phone Number: _____

Photo Consent

By signing below, I the parent or guardian of the participant named in this form, hereby grant St. Joseph Parish permission to use my child's likeness in one or more photographs in any and all of the parish's publications, including its website and Facebook page(s) for St. Joseph Parish purposes only.

Parent or Guardian's Signature: _____

Patrick Dayton- Director

Kathy Rushe- Administrative Asst.