

St. Eulalia Church



YOUTH Ministry Permission Slip

Event _____ Event Date _____ Location/Place _____

Participant Name _____ Age _____ Grade _____

Parent/Guardian _____ Home Phone: _____

Cell Phone: _____ Other Contact Method: _____

Medical Information:

Allergies _____ Medications/Dosage _____ Other _____

In Case of an Emergency Contact:

Name _____ Phone: _____ Relationship: _____

I, the parent/guardian of the above named student hereby grant permission for him/her to go with St. Eulalia Church for an activity and/or attend an event at St. Eulalia Church. I hereby release and save harmless St Eulalia Church and its staff, the Archdiocese of Boston and any parties connected with this event from any and all liability for any and all injuries that arise from this event.

I hereby certify that the above information is correct. I give permission for the release of medical information to an attending physician in case of an emergency. In such an event, I understand that every effort will be made to contact the parent(s)/guardian(s) of my child. In the event that such persons can not be reached, I hereby give permission to the physician attending my child to hospitalize, secure proper and necessary treatment for my son/daughter.

I understand that in the event that my son/daughter acts in a manner that is dangerous, disruptive or disrespectful to other participants, chaperones or others involved in the event and he/she fails to correct such behavior after requests to do so from staff/chaperones I will be held responsible for picking my son/daughter up from the event location before the anticipated finish time.

Signature of Parent/Guardian _____ *Date* _____

I consent to allow photos, video and/or audio clips of my child to be released to the Boston Archdioceses Office of Youth Ministry, local media publications, and/or the St. Eulalia website in efforts increase awareness and publicity of events hosted by St. Eulalia Youth Ministry and Parish. I understand that such media forms will be used in good taste and with the best interest of my child in mind.

Signature of Parent/Guardian _____ *Date* _____

YOUTH Ministry. Your Church. Your Faith. Your Community

• E-MAIL STEULALIA_YM@VERIZON.NET

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