

ARCHDIOCESE OF BALTIMORE
DIVISION OF YOUTH & YOUNG ADULT MINISTRY
PERMISSION FORM AND RELEASE

Youth Name: _____ Home Phone: _____ Youth email: _____

Parent Name: _____ Work Phone: _____

Other number where Parent can be reached: _____

Address _____ City/State/Zip _____

Date of Birth: _____ Male Female (please circle) SS# _____

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 group of their parish to the

I/we acknowledge receipt of the attached information sheet describing t/he 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. Stephen Church**, the Division of Youth & Young Adult Ministry, the Roman Catholic Bishop of Baltimore and his successors, a Corporate 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 our of my son/daughter's participation in the Program.

I hereby grant permission to any staff person to obtain care form 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 to my son/daughter if requested by my son/daughter. **(Circle all that apply)**

Tylenol Benadryl Advil Sudafed Motrin Kaopectate Neosporin Midol Pepto-Bismol Generic

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 the Div of Youth & Young Adult Ministry or the Archdiocese of Baltimore. Participants would not be identified without specific written consent.

Parents/Guardians who do not want their child(ren) to be photographed or filmed should so notify the Division in writing. Please note that the Division has no control over the use of photos or film taken by media that may be covering the event in which your child(ren) participate.

Date Child's Name Parent/Guardian Signature

**Parents & Guardians - Drivers & Chaperones are usually needed!
Please call the office to find out how you can help!**