

Parental Agreement and Permission Slip

Name of Participating Child (Print) _____ Birth Date _____

Address _____ Male/Female _____

Work Phone: _____ Mobile Phone: _____

Home Phone: _____ Email address: _____

Emergency Contact (name and telephone number): _____

As parent of guardian of my son/daughter, I do hereby agree to allow my son/daughter to accompany the youth ministry/campus ministry group of their parish/school to the _____.

I acknowledge receipt of the attached information sheet describing the planned activity.

In Consideration of the opportunity for my son/daughter to participate, I/we, as parent in the activity, the receipt and sufficiency of which are acknowledged, I knowingly and voluntarily on behalf of myself and my child do hereby agree to forever RELEASE, HOLD HARMLESS AND INDEMNIFY: **St. John the Evangelist, Hydes, St. Mark, Fallston, St. Stephen, Bradshaw, St. Mary, Pylesville, St. Margaret, BelAir, St. Ignatius, Hickory, St. Francis de Sales, Abingdon, Prince of Peace, Edgewood, Holy Spirit, Joppatown, St. Joan of Arc, Aberdeen, St. Patrick, Have de Grace , the Division of Youth And Young Adult Ministry, Roman Catholic Archbishop of Baltimore and his successors, a corporation sole, and their directors, officers, agents and employees from liability, claims, demands, actions and causes of action arising out of or relating to any loss, damage or injury sustained in connection with my son/daughter's participating in this activity. By my signature below, I acknowledge that my child's participation in the activity involves inherent risk of minor or serious injury, including permanent disability, death, and/or economic losses which might result from my child's actions or inactions, the negligence of others, the inherent risks of the activity, the rules of play, the condition of the premises, or of any equipment used. I have voluntarily elected to allow my child to participate, and I fully understand, appreciate and hereby assume all such dangers and risks.**

I understand that my child's participation in said activities may require a minimum level of fitness for safe participation, and that the Released Parties do not screen, medically or otherwise, individuals that participate in the activity. I acknowledge that it is my sole responsibility to make certain that my child is physically fit and healthy enough to participate in the activity.

I understand that the Released Parties do not provide medical treatment or medical, health or other insurance coverage for my child, however, I hereby grant permission for any staff member of the activity 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. (Circle all that apply.)

Tylenol/Acetaminophen Benadryl/Diphenhydramine Advil/Ibuprofen Imodium/Antidiarrheal

Neosporin//Antibody Ointment Pepto Bismal

Doses of such drugs will be provided in accordance with the instructions contained on the drug's packaging.

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

ADD any dietary restrictions: _____

Parents/guardians of participants are advised that photographs or digital recordings of participants may be used in publications, websites or other materials produced from time to time by the parish/school, Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants would not be identified, however, without written consent.) Parents/guardians who do not wish their child(ren) to be photographed or digitally recorded should so notify an activity staff member. Please note that the Released Parties has no control over the use of photographs or digital recording taken by media that may be covering the event in which you child(ren) participate.

Date

Parent/Guardian Signature

PARENT INTERESTED IN CHAPERONING:
Yes; please, call me! _____

Child's Name