

CHURCH OF THE HOLY COMFORTER
Grade 6—8 and High School Youth Groups
2011-2012 PARTICIPATION PERMISSION FORM

Throughout the year, our youth groups will be invited to participate in off-campus activities. Depending on the event, transportation may be provided by the church or students may be asked to provide their own transportation. Because many of our high school students are licensed to drive, they tend to drive themselves to local events, and often provide a ride for a friend. Therefore, we ask parents to complete the following.

My child, for whom I am parent or legal guardian, and provided I/we have prior notice, has my permission:

- to participate in off-campus events sponsored by the parish yes no
- to drive him/herself to local youth events yes no N/A
- to allow passengers in a vehicle driven by my child [only 1 passenger if driver is under age 18]
 yes no N/A
- to be a passenger in a vehicle driven by a student yes no

I understand and agree with the following:

- Prior notice will be given to parents/guardians about all events, whether on or off campus.
- Transportation to off-sight events will be by private vehicle or bus.
- A permission slip signed by a parent/guardian will be required for most special events, particularly when the parish is providing transportation.
- All events will be supervised by members of the adult leadership team.
- The use of illegal substances is strictly prohibited during all youth events.
- Respectful language and suitable behavior are expected at all times.
- A current Medical Emergency & Information Form for the student listed below must be on file at the church, and the information on the submitted form is accurate to the best of my knowledge including any special medication, allergies, or other needs of which the leaders need to be informed.
- Staff and chaperones reserve the right to limit participation in any or all events by persons unable to adhere to these requirements.

Please complete and sign both sides of this form and return to the parish office ASAP.

Student's Name _____

Student's Grade Level _____ **Student's Cell Phone #** _____

Student's Email Address _____

Student's Signature _____

Parent/Guardian Signature _____ **Date** _____

**CHURCH OF THE HOLY COMFORTER
2011-2012 MEDICAL EMERGENCY & INFORMATION**

Child's Name, First	Last	Birth date
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Address	City/State	Zip	Home Phone
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Mother/Guardian Name	Work Phone	Cell Phone
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Father/Guardian Name	Work Phone	Cell Phone
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Insurance Company	Policy Number
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Child's Doctor	Office Address	Doctor's Phone
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Child's Allergies

Additional pertinent medical history

Person To Notify in Case of Emergency if Parent/Guardian cannot be reached

Name	Phone	Relationship
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Address

Name	Phone	Relationship
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Address

Any additional information the adult leaders should know about my child:

In the event of an emergency, I authorize the adult leaders and/or supervisors, or emergency medical personnel to transport my child from the event to the nearest medical facility. I authorize such medical treatment as may be deemed necessary for the immediate care of my child by a licensed physician and/or other medical personnel. I agree that I will be responsible for payment of any and all medical services required.

Signature of Parent/Guardian

Date