

**Youth Ministry Permission Form**  
***Release and Medical Authorization***

I, \_\_\_\_\_, reside at \_\_\_\_\_, Indiana, and  
am the \_\_\_\_\_ (Father, Mother, Custodial Parent, Legal Guardian) of  
\_\_\_\_\_ (herein after "my child"), who is age \_\_\_\_\_, and who resides with me at the above  
address. I may be contacted by telephone at the following: Home # \_\_\_\_\_; Work  
# \_\_\_\_\_; Cell# \_\_\_\_\_;  
Alternate Emergency # \_\_\_\_\_.

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical  
or surgical treatment, and I agree to accept any and all financial responsibility for such treatment. I wish to be  
advised prior to any treatment by the hospital or doctor, if possible. My Family Health Carrier  
is \_\_\_\_\_, and the Plan Policy Number is \_\_\_\_\_.

In the event of an emergency, if you are unable to reach me at the above numbers, please attempt to contact:

Name/Relationship \_\_\_\_\_ Phone  
Number \_\_\_\_\_  
Family Doctor \_\_\_\_\_ Phone  
Number \_\_\_\_\_

Known

Allergies: \_\_\_\_\_

Medications Currently being taken

: \_\_\_\_\_

Other

Limitations: \_\_\_\_\_

I understand that this information will be kept on file by the Youth Ministry Program of Sacred  
Heart Parish from September 1, 2005 through Aug. 31, 2006 and that I will be responsible for  
updating any information that changes throughout the year.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature