

ACTIVITY/PROGRAM PERMISSION & MEDICAL CONSENT FORM

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_,  
(Name of parent/guardian) (Name of child/youth)

a child/youth at \_\_\_\_\_ Parish, hereby grant permission for the above  
child/youth to attend \_\_\_\_\_ at \_\_\_\_\_  
(type of activity/program) (place of trip)

with \_\_\_\_\_  
(Name of catechist/youth minister)

on \_\_\_\_/\_\_\_\_/\_\_\_\_ from approximately \_\_\_\_\_ to \_\_\_\_\_, and I consent to his/her  
participation in this off site activity/program. I understand that my child/youth will get to the place of the  
activity/program and return by \_\_\_\_\_.  
(Means of transportation)

I authorize the employees, representatives and chaperones of \_\_\_\_\_  
(name of parish)  
to obtain emergency medical treatment, should it be necessary, during my child's attendance and  
participation in above program.

I understand that I will be notified immediately should it become necessary to obtain emergency treatment.  
The person(s) who should be notified and the telephone number(s) are:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

I fully understand what is involved in this trip, and I understand that I have the opportunity to call the  
catechist/youth minister and ask him/her about the activity/program.

In case of an emergency, I can be reached at \_\_\_\_\_.

Signature (Parent) \_\_\_\_\_