**Permission Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent or Guardian) am the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Father, Mother, Custodial Parent, Legal Guardian) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Child’s Name), a member of St. John XXIII Youth Group. I hereby grant permission for the above-named child to attend St. John XXIII Parish’s Youth Group activities for the 2017-2018 season.

In consideration of the child being allowed to participate in these activities, on behalf of my child, spouse, and myself, I hereby assume all risks in connection with the activities, and I further release, discharge, and/or otherwise indemnify the Diocese of Toledo, the Bishop of the Diocese of Toledo, St. John XXIII Parish, employees and volunteers from all claims, judgments, liability by or on behalf of my child, myself, and my spouse for any injury or damage due to my child’s participation in the activities, including all risks connected therewith, whether foreseen or unforeseen. Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for my child.

I fully understand what is involved in these activities and understand that I have the opportunity to call the youth minister and ask her about the activities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature Date

**Medical Information**

Student 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication Taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies/Allergic Reactions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Pertinent Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication Taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies/Allergic Reactions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Pertinent Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication Taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies/Allergic Reactions:

Other Pertinent Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Family Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned parent or guardian, hereby authorize emergency medical, dental, health or hospital services to be rendered to my child upon consent of St. John XXIII Parish’s Youth Minister or designated volunteer.

The purpose of this authorization is to permit my child to receive emergency medical attention when needed while involved in activities connected with St. John XXIII Parish’s Youth Group when I or my emergency contact are unavailable to give consent.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature Date

**Media Consent Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby consent for St. John XXIII Parish and its Youth Ministry program to…

Please initial every box that you CONSENT to; leave any box blank that you DO NOT CONSENT to.

\_\_\_\_\_ Record, photograph, audiotape or videotape me(the child)/my minor child’s name, image, spoken words and/or performance; and to display, release, exhibit, publish or distribute the above mentioned for the purpose of communication and publicity via print or web materials.

\_\_\_\_\_Communicate with me (the child)/my minor child via cell phone.

\_\_\_\_\_Communicate with me (the child)/my minor child via text messaging.

\_\_\_\_\_Communicate with me (the child)/my minor child via email.

\_\_\_\_\_I further understand that by entering into this informed consent and release, and by granting permission as stated herein, I hereby release St. John XXIII Parish, St. John XXIII Parish’s youth ministry, and the Diocese of Toledo and their respective officers, directors, agents, and/or employees from and against any and all liability, loss, damage, costs, claims, and/or causes of action arising out of or related to the above items to which I have consented.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature Date