

**DIOCESE OF HARRISBURG  
OFFICE FOR YOUTH AND YOUNG ADULT MINISTRY  
Saint Patrick Church - Carlisle, PA**

**PARENTAL PERMISSION AND CONSENT TO TREAT FORM**

**Participant's Name:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

**Participant's Address:**

\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian's Name:**

\_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Home Address:** (if different from above)

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, grant my permission for

\_\_\_\_\_ to participate in **Respect Life Youth Day at Saint Patrick Parish Activities Center on Oct. 29, 2016 from 9:00 to 2:30.**

I understand that the program will have competent adult supervision and reasonable and appropriate measures will be made to minimize the risk of injury and/or accident. I understand and have been informed that taking part in this youth event involves the risk of injury.

I hereby grant my consent for staff members and/or adult volunteers under whose auspices the program is conducted, to secure all necessary emergency medical care and/or treatment that may be necessary for my child during the entire event including any necessary transportation, if provided by a staff member or adult volunteer. I release and hold harmless any said staff member or adult volunteer from any liability, who in good faith is placed in a position requiring decisions to be made for emergency care or medical treatment of the above-named young person. In case of accident, injury or loss, neither my family nor I will hold the diocese, the parish, nor any person or affiliate organization associated with the event, responsible or liable.

**In the event of an emergency, if you are unable to reach me at the above number, contact:**

**Name and Relationship:**

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Additional:** \_\_\_\_\_

**Please complete both sides**

***\*Adult participants need only provide contact information and medical information, and sign form.***

**Family Physician:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Allergic reactions** (medications, foods, insects)

\_\_\_\_\_  
—

**Medication(s) currently being taken:**

\_\_\_\_\_

**Child/Youth will have medication with him/her:** \_\_\_\_ yes \_\_\_\_ no

**My child has special medical/mental conditions:** Yes \_\_\_ No \_\_\_ (if yes, please describe)

**Insurance Company:**

\_\_\_\_\_

**Policy**

**Number:** \_\_\_\_\_

**Card Holder's**

**Name:** \_\_\_\_\_

**Group**

**Number:** \_\_\_\_\_

Parents/guardians of participants are advised that photograph or videotape of participants may be used in publications, websites or other materials produced from time to time by the Office for Youth and Young Adult Ministry or the Diocese of Harrisburg or St. Patrick Church, Carlisle. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the Office in writing. Please note that the Office has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

\_\_\_\_\_

**Parent/Guardian/Chaperone Signature**

\_\_\_\_\_

**Date**