

2017-2018 Permission Form

I hereby give my child, _____, permission to participate in all Senior High activities, the Confirmation Program, trips and programs, sponsored by Saint Kateri Parish for the program year beginning July 1, 2017 through August 31, 2018.

Parent or Guardian Signature _____

Date _____

Photographic release: By signing this form, the parent or guardian gives permission and waives the right to any type of compensation, for their child to be photographed or video taped at any or all activities sponsored by the Youth Ministry program. Pictures or videos may be used for publicity or educational purposes. Individual photos will never be posted to a web site.

General Information

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|------------------|---|
| Child's Name: | Date of Birth: |
| Street Address: | Grade in Sept., '17': |
| City: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| State: Zip: | High School: |
| Home Phone: | Other Phone: |
| Father's Name: | Father's Cell Phone: |
| Mother's Name: | Mother's Cell Phone: |
| Emergency Phone: | Emergency Phone: |

Medical and Emergency Information Release

In the event my child becomes ill, is injured or requires emergency medical attention of any kind, and I cannot be reached by telephone, I hereby authorize the St. Kateri adult chaperone to make the necessary decisions concerning emergency treatment. I also give permission for my child to be transported to the nearest medical facility or hospital for treatment.

Parent or Guardian Signature _____

Date: _____

Emergency Contact

If a parent cannot be reached, please contact the emergency person listed below:

| | |
|---|-------------------------------|
| Contact Person: | Phone 1: |
| Relationship: | Phone 2: |
| My child wears contact lenses: <input type="checkbox"/> Yes <input type="checkbox"/> No | Date of last Tetanus shot: |
| Family Physician: | Office Phone: |
| Insurance Company: | |
| Policy Number: | Group Number: |
| Medication and Food Allergies: | <input type="checkbox"/> None |
| Please list any medication your child takes on a regular basis: | <input type="checkbox"/> None |
| Any other health or physical information we should know about your child (ex: Asthma): | <input type="checkbox"/> None |