

**Holy Guardian Angels Parish
Parish Youth Ministry Activity/Event
Medical/Insurance Release Form**

Participants Name: _____ **D.O.B.:** _____ **Gender: M or F**

Parent/Guardian's name(s): _____

Home phone: _____ **Alternative phone:** _____

Event Description: _____

Date/Time: _____

Location: _____

Transportation Information: _____

Cost: _____

I (we), _____ grant permission for our child, _____ to
(Parent or guardian's name) (Child's name)
participate in this Parish Youth Ministry Program.

I hereby release and hold harmless Holy Guardian Angels Parish, any parish appointed chaperones, Msgr. Dennis Hartgen, Father Allen Hoffa, Mrs. Heidi Wilson, the Diocese of Allentown, and the Most Rev. John O. Barres, from any and all harm arising to my son/daughter as a result of his/her participation. If needed, my son/daughter may be evaluated, diagnosed, treated, and/or medicated in accordance with normal medical practices by medical personnel as required.

I release and hold harmless Holy Guardian Angels Parish, any parish appointed chaperones, Msgr. Dennis Hartgen, Father Allen Hoffa, Mrs. Heidi Wilson, the Diocese of Allentown, and the Most Rev. John O. Barres, from any and all responsibility and consequences that may arise as the result of this treatment. I accept any and all financial responsibility as a result of any medical treatment given to my son/daughter.

My child agrees to abide by all rules and regulations set forth by the HGA Youth Ministry and the sponsoring organization. I further understand that Holy Guardian Angels Parish, any parish appointed chaperones, Msgr. Dennis Hartgen, Father Allen Hoffa, Mrs. Heidi Wilson, the Diocese of Allentown, and the Most Rev. John O. Barres, will not be liable if my child fails to cooperate with said rules and that any violation of the rules may result in dismissal from the event. I accept any and all costs or other requirements for his/her transportation home.

Medical Information (please print):

Insurance Carrier Name: _____ **Contract/Group#** _____

Individual Agreement # _____ **Last Tetanus Booster:** _____

Emergency contact person(s) _____ or _____

Emergency phone number(s): _____ or _____

I (we) also hereby grant permission for non-prescription medication (such as ibuprofen, throat lozenges, cough syrup) to be given to my (our) child, if deemed appropriate.

Please list any allergies and/or medications, what dosage? _____

Any special medical needs: _____

Signature of parent/guardian

Date

By signing these permission forms I/ we, hereby consent to the use of any video tapes, photographs, slides, audio tapes or any other audio or visual reproduction in which the above named individual may appear by the parish. I understand that these materials may be used for the promotional purposes including recruitment and fund-raising efforts or general publication. Promotion may include but is not limited to slide presentations, photo displays, internet promotions, or electronic multi-media.