

**HOT SPRINGS CATHOLIC YOUTH MINISTRY
RELEASE AND CONSENT FORM**

PLEASE PRINT

Last Name _____ First Name _____

Address _____ Phone _____

City _____ State _____ Zip _____

Email _____ Date of Birth _____ Grade _____

Parent

I, _____, the undersigned request permission for my youth to participate in Youth Ministry meetings and activities for the 2009-2010 year. I understand that Youth Ministry events and meetings take place under the guidance and supervision of responsible employees and volunteers. I will not hold the chaperones, the Diocese of Little Rock, St. John's or St. Mary's Parishes responsible in case of injury.

Parent Signature _____ Date _____

MEDICAL INFORMATION

Allergies _____

Currently takes the following medications (include dose & frequency) _____

has these medical/psychological/emotional conditions: _____

disabilities: _____

Physician's Name _____ Phone _____

Insurance Carrier: _____

Policy # _____ Group # _____ Date last tetanus _____

In case of emergency, and if you can't be reached, please notify: _____

Phone # _____ Relationship to youth _____

In case of emergency, I give permission to have my youth evaluated, diagnosed, and treated and/or medicated in accordance with standard medical practice by a licensed medical personnel. I relieve the Diocese of Little Rock of all responsibility and consequences that may arise as the result of treatment. I agree to accept financial responsibility as a result of scheduling such treatment.

Parent Signature _____ Date _____