

PARENT-GUARDIAN CONSENT/RELEASE FORM

We, the parents/guardians of _____ do hereby give our
permission for him/her to attend OUR LADY OF GRACE YOUTH MINISTRY
(Please Type or insert the name of the activity in the space above.)

Date _____ Parent/Guardian Signature _____
Parent/Guardian Signature _____

We do hereby release and forever discharge the Diocese of Greensburg and designated chaperones from any/all actions or suits in law or equity which we might hereafter have by reasons of injuries sustained by our son/daughter participating in the above mentioned activity. In case of emergency, we give permission for our child to be treated at a hospital and/or by a medical doctor.

In case of emergency, contact us at this phone number: _____

If we are unavailable, contact (name) _____ phone number _____

Our Insurance Company is _____ policy number _____

Date _____ Parent/Guardian Signature _____
Parent/Guardian Signature _____

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Student Name _____ Home phone _____

Address _____ City _____ Zip _____

Age _____ Grade _____ High _____ School/City _____

Parish/City _____

Indicate any illness or allergies of which we should be aware. Also, if the student will be taking any prescription medication, please note below:

Parent Email: _____

Teen Email: _____