

# ST. MICHAEL'S YOUTH MINISTRY

## PARENTAL CONSENT FORM

### GRADES 6<sup>TH</sup> – 12<sup>TH</sup>

### 2007-2008

1. _____ Print Name of Participant	Age _____	Grade in 2007-2008 _____	Birth date _____	School _____
2. _____ Print Name of Participant	Age _____	Grade in 2007-2008 _____	Birth date _____	School _____
3. _____ Print Name of Participant	Age _____	Grade in 2007-2008 _____	Birth date _____	School _____
4. _____ Print Name of Participant	Age _____	Grade in 2007-2008 _____	Birth date _____	School _____

Home Phone # _____	Address _____	City _____	ST _____	Zip _____	Business Phone #'s _____
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To Whom It May Concern:

The undersigned does hereby give permission for our (my) child (children), \_\_\_\_\_  
 \_\_\_\_\_, to attend and participate in activities sponsored by **St. Michael's**  
 (name(s) of youth)

**Youth Ministry during August 2007 through August 2008.**

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by **St. Michael's Youth Ministry.**

The undersigned does hereby give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, etc) in highlighting Youth Ministry events.

Hospital Insurance Yes  No

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Emergency Phone Numbers \_\_\_\_\_

\_\_\_\_\_  
Participant's Signature Date

\_\_\_\_\_  
Participant's Signature Date

\_\_\_\_\_  
Participant's Signature Date

\_\_\_\_\_  
Participant's Signature Date

\_\_\_\_\_  
Parent Signature Date

\_\_\_\_\_  
Parent Signature Date