

# ST. MICHAEL'S YOUTH MINISTRY

## PARENTAL CONSENT FORM

### GRADES 7<sup>TH</sup> - 12<sup>TH</sup>

### 2009-2010

1. _____	Age	Grade in 2009-2010	Birth date	School
Print Name of Participant				
2. _____	Age	Grade in 2009-2010	Birth date	School
Print Name of Participant				
3. _____	Age	Grade in 2009-2010	Birth date	School
Print Name of Participant				
4. _____	Age	Grade in 2009-2010	Birth date	School
Print Name of Participant				

_____	_____	_____	_____	_____	_____
Home Phone #	Address	City	ST	Zip	Business Phone #'s

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 Youth Ministry** during **August 2009 through August 2010**.

(name(s) of youth)

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