

Deadline _____

**St. Bede's Youth Ministry Activity
Parental Permission & Release Form**

My child _____, has my permission to participate with the parish youth ministry group to:

(Activity) _____

(Place) _____

(Date) _____ **(with Chaperone & phone #)** _____

(Transportation) _____

(Arrival time) _____ **(Pick up time)** _____ **(Cost)** _____

(Activity details) _____

I hereby agree to indemnify and hold harmless St. Bede the Venerable Church, the Archdiocese of Philadelphia and its officers, employees, and volunteer staff from any liability. I accept responsibility for any medical expenses as a result of any such injury sustained.

Parent or Guardian Signature, Phone/Cell Phone, Date

Emergency Contact Name, Phone *Note: a concerted effort will be made to contact parent FIRST, please indicate someone other than parent that we can contact if parent can not be reached.*



St. Bede the Venerable Church Youth Ministry Program * Medical Release

To Whom It May Concern:

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor for in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

[Please notify the office whenever there is a change in medical/insurance information on file in the office.]

Name of Parent

Date

*All participants must submit a copy of medical insurance to the Youth Ministry Office.