

DIOCESE OF HARRISBURG / CHURCH OF THE HOLY SPIRIT / OFFICE FOR YOUTH AND YOUNG ADULT MINISTRY
PARENTAL PERMISSION AND CONSENT TO TREAT FORM

Participant's Name _____ Birthdate _____

Participant's Address _____

Parish _____ School _____

Parent/Guardian Name _____

Email Address _____

Home Address (If different from above) _____

Home Phone _____ Work Phone _____ Cell Phone(s) _____

I _____ grant permission for _____

(Name of Parent or Guardian) (Name of Child)

to participate in _____ at _____
(Name of Event) (Location)

on _____ I understand that the program will have competent adult supervision and reasonable and appropriate measures will be
(Date)
made to minimize the risk of injury and/or accident. I understand that taking part in this youth event involves the risk of injury.

I hereby grant my consent for staff members and/or adult volunteers, under whose auspices the program is conducted, to secure all necessary emergency medical care and/or treatment that may be necessary for my child during the entire event, including any necessary transportation, if provided by a staff member or adult volunteer. I release and hold harmless any said staff member or adult volunteer from any liability, who in good faith is placed in a position requiring decisions to be made for emergency care or medical treatment of the above-named young person. In case of accident, injury or loss, neither my family nor I will hold the diocese, the parish, nor any person or affiliate organization associated with the event, responsible or liable.

In the event of an emergency, if you are unable to reach me at the above number(s), contact:

Name and Relationship _____

Phone _____ Additional Phone _____

Family Physician _____ Phone _____

Allergic reactions (medications, foods, insects, etc.) _____

Medication(s) currently being taken _____

My child has special medical/mental conditions Yes _____ No _____ (If "yes", please describe)

Insurance Company _____ Policy Number _____

Parent/Guardians of participants are advised that photographs or videotapes of participants may be used in publications, websites or other materials produced from time to time by the Office for Youth and Young Adult Ministry, the Diocese of Harrisburg. (Participants would not be identified, however, without specific written consent.) Parents/Guardians who do not wish their child(ren) to be photographed or filmed should notify the Office in writing. Please note that the office has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

Parent/Guardian Signature _____ Date _____

** Adult participants need only provide contact information and medical information*
ADULT PARTICIPANT: Please Check Here if You Have Completed Background Check Information _____