

**HOLY SPIRIT YOUTH MINISTRY
PERMISSION SLIP AND MEDICAL RELEASE
2009-2010**

Student Name: _____

Address: _____ Phone # _____

Insurance Co: _____ Policy #: _____

Physician's Name: _____ Physician's Phone#: _____

Explain any medical problems/concerns/allergies:

Can you Chaperone: YES NO Guardian Name: _____

I hereby give permission for my son/daughter to participate in
_____ *any event/* _____ on the date of _____ *any date* _____
which is sponsored by the Holy Spirit Youth Ministry Program.
He/She is adequately covered by insurance for any injury that he/she might
sustain. I release Holy Spirit's Youth Ministry Program and the person in
charge of this event from any liability in connection with the same.

Guardian Signature

Date

.....

AUTHORIZATION FOR MEDICAL TREATMENT

I hereby authorize the treatment, administration of anesthesia or surgical
treatment for my minor son/daughter _____
in the event of a medical situation occurring during my absence or when the
hospital or physician(s) are unable to contact me. This authorization extends
to any hospital, physician(s) and nursing personnel within the physician's
staff. I release from medical responsibility and liability the hospital,
physician(s) and nursing personnel for performing medical procedures
acting on the authority of this medical consent form which such medical
providers deem necessary for my minor child.

Guardian Signature

Emergency Phone Number

Check here to acknowledge that you are giving permission for this permission slip/release form to be kept on file and used for all YM events your son/daughter attends during the 2009-010 year.

Release Form

In consideration of Holy Spirit Parish arranging for
(event): all events on (date): all dates ;
the undersigned parent of _____, a minor, hereby
releases and agrees to hold harmless the above named parish or any of its
employees, advisors, chaperones, or persons connected with the event from
any liability, claims damages for personal injury, property loss or other
damage which may result during the above event.

The undersigned minor _____ hereby agrees to abide
by the rules established for the each event.

Dated on, this _____ day of _____, 2009/10.

Signature of Parent

Signature of Student

Photography/ Video Consent form for Holy Spirit Parish

I _____, as the parent/guardian, give
permission for my son/daughter _____ to have
pictures/video be used for promotional/educational materials (newsletter,
webpage, bulletin, power point etc.) in/during/highlighting the
events/programs they are participating in. I understand that other
promotional pictures (individual or group) will be taken during the
events/programs. I give permission to the Diocese of Green Bay/ Holy Spirit
Parish to use the material that my son/daughter is in as needed.

Signature (Parent/Guardian)

Date