

ARCHDIOCESE OF BALTIMORE
DIVISION OF YOUTH & YOUNG ADULT MINISTRY
PERMISSION FORM AND RELEASE

Youth Name: _____ Home Phone: _____

Parent Name: _____ Work Phone: _____

Emergency Contact: _____ Email Address: _____

Address _____ City/State/Zip _____

Date of Birth: _____ Grade: _____ School: _____ Male Female (please circle)

In consideration of the wholesome recreational and learning experience in which my son/daughter will participate, I as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany the youth ministry group of Saint Katharine Drexel parish to: **Youth Ministry Service Project – Soup Kitchen**, 1st & 2nd Fridays of each month, 5-7 PM
Frederick Community Action Agency, 100 South Market Street (corner of All Saints & Market). RSVP required. Contact Leah skdassociate@saintdrexel.org

I/we acknowledge receipt of the attached information sheet describing the planned activities.

In consideration of the opportunity for my son/daughter to participate in the Program, I agree to **RELEASE AND HOLD HARMLESS AND INDEMNIFY** Saint Katharine Drexel Parish, the Division of Youth & Young Adult Ministry, the Roman Catholic Bishop of Baltimore and his successors, a Corporate Sole, and all their agents, servants and employees from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my son/daughter's participation in the Program.

I hereby grant permission to any staff person to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that I cannot be reached.

(Check one of the following:)

_____ I am covered by hospitalization and medical insurance under policy
_____ issued by _____

_____ I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my son/daughter.

I hereby grant permission to any staff person to provide the following over-the-counter drugs to my son/daughter if requested by my son/daughter (Circle all that apply:)

Tylenol Benadryl Advil Sudafed Midol Kaopectate Neosporin Pepto Bismol

ADD any other medical information concerning conditions, medication, allergies, illness, etc. _____

ADD any dietary restrictions: _____

Parents/guardians of participants are advised that photographs, audio, and video of participants may be used in publications, websites or other materials produced from time to time by Saint Katharine Drexel Parish, the Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child(ren) to be photographed or recorded should so notify the Parish and the Division in writing. Please note that the Parish and the Division have no control over the use of photographs or recordings taken by media that may be covering the event in which your child(ren) participate(s) or those of other teens participating in the event.

Date

Parent/Guardian Signature

Parent/Guardian, please circle one:

I am / am not interested in chaperoning some or all of these Youth Service Project events.