

**BLESSED TERESA OF CALCUTTA YOUTH MINISTRY ACTIVITY
PARENTAL PERMISSION & RELEASE FORM**

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

(ACTIVITY) _____

(Place) _____

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

(Transportation) _____

(Drop-off time) _____ **(Pick up time)** _____

(Activity details) _____

I hereby agree to indemnify and hold harmless Blessed Teresa of Calcutta Catholic 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 Date

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 is intended for _____. 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 guests must complete a medical/insurance form available at church website or parish office