

OLW YOUTH MINISTRY PARENTAL CONSENT

(a student need only to fill this form out once per year, includes PM, and PC)

Teen's Name _____ Today's Date _____

Address _____ Birthday _____

City/Zip _____ Age on August 1, 2012 _____

Home Phone _____ Parent Email _____

Student Cell _____ Parent Cell _____

I (we) hereby give permission for my (our) child _____ to attend and participate in Youth Ministry activities and events sponsored by Our Lady of the Wayside from August 1, 2011 through July 30, 2012. I hereby release and indemnify Our Lady of the Wayside, its staff and volunteers and the Catholic Bishop of Chicago from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in these events.

I grant permission for the administration of first aide to my child by the people in charge of the program and those transporting my child to and from the program as their judgment deems advisable and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I understand that I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the parents/guardians of the participant. In the event that I cannot be reached I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery if deemed necessary for my child.

Father (Guardian) PRINT NAME

Mother (Guardian) PRINT NAME

Father (Guardian) SIGNATURE Date

Mother (Guardian) SIGNATURE Date

Work Name Work Phone

Work Name Work Phone

Authorized Physician

Physician's Phone Number

Insurance Company

Policy in Name of:

Policy Number

Subscriber's Social Security #

Please List any Medical Conditions or Allergies that we should be aware of: