

**St. Augustine/Sacred Heart Youth Ministry Permission Form
January 2011-December 2011**

Name: _____ Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

E-mail: _____ Youth Cell Phone #: _____

Persons to contact in case of emergency:

1. Name: _____ Relation: _____ Primary Phone #: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

2. Name: _____ Relation: _____ Primary Phone #: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

As parent or guardian of the above named youth, I have hereby released the Archdiocese of Indianapolis, St. Augustine and Sacred Heart Parishes, New Albany Deanery Youth Ministries, parish staff and/or volunteer leaders from any claim, loss, cost, damage, or expense arising out of any accident or other occurrence causing injury to any person or property during this outing. In case of accident or sickness, the adult in charge has my permission to secure medical attention for my child. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I hereby assume all transportation costs.

Parent/Guardian Signature: _____ Date: ____/____/____

Work Phone: _____ Cell Phone: _____

E-mail address of Parent/Guardian: _____

Make check payable to: St. Augustine or Sacred Heart Youth Ministry (If Applicable)

PHOTO RELEASE FORM

During most youth ministry activities, St. Augustine and Sacred Heart Parishes take photos and/or gather quotes for use in our public relations efforts, such as website, brochures, newsletters, etc. We would request all parents and guardians sign the release below stating that you grant your permission for us to use photographs or quotations of your son or daughter. Thank you!

Children's names: _____

I give my permission for photographs taken during Parish activities of my son/daughter as well as any quotations given from my son/daughter to a media representative to be used for public relations efforts of the Parish/Deanery. ____ yes ____ no

Parent/Guardian Signature: _____ Date: ____/____/____

**St. Augustine/Sacred Heart Youth Ministry Medical Release Form
January 2011-December 2011**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Date of Birth: ____/____/____

Persons to contact in case of emergency:

1. Name: _____ Relation: _____ Primary Phone #: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

2. Name: _____ Relation: _____ Primary Phone #: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Insurance Company: _____ Name of Insured: _____

Policy Number: _____ Family Physician: _____

Physician Phone Number: _____ Date of Last Tetanus Shot: _____

Date of Last Physical: _____

Allergic to: _____

Medications: _____

If you do not have health insurance, please contact: _____ phone: _____

I, the undersigned parent or guardian of _____ a minor, do hereby authorize the adult(s) representing the St. Augustine and Sacred Heart Parishes as my agents, to consent in case of a medical emergency to any examinations, x-ray, anesthetic, medical, or surgical diagnosis or treatment and hospital care deemed advisable by a qualified physician or local hospital. An authorized parish adult agrees to contact the undersigned as soon as possible if an emergency should arise. I will assume responsibility for fees incurred by such an emergency. In addition, I certify that the above information is correct and give permission for the release of medical records to the attending physician. I realize that I cannot hold the St. Augustine or Sacred Heart Parishes, the New Albany Deanery Youth Ministries Office, nor the Archdiocese of Indianapolis responsible for such an emergency.

Parent/Guardian Signature: _____ Date: ____/____/____

Work Phone: _____ Cell Phone: _____