

Youth's Name \_\_\_\_\_

**Saint Leo the Great Parish Youth Ministry**

**YOUTH MINISTRY PERMISSION SLIP/EMERGENCY CARE FORM  
2012**

I, \_\_\_\_\_ hereby give consent as the parent/guardian of \_\_\_\_\_ to attend and participate in the 2012 St. Leo the Great Parish Youth Ministry Ski Trip on February 11th, at Liberty Mountain Ski Resort.

I do hereby agree to release, indemnify and hold harmless the chaperones, coaches, volunteers, youth ministers, Saint Leo the Great Parish, or the Diocese of Arlington, Virginia from any and all liability for any claim or injury or loss sustained by my/our child's attendance in this youth ministry event.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent/guardian)

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Grade \_\_\_\_\_ School \_\_\_\_\_ E-mail (teen) \_\_\_\_\_ Cell (teen) \_\_\_\_\_  
E-mail (adult) \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell (adult) \_\_\_\_\_  
Emergency Phone Numbers: Cell \_\_\_\_\_ (mother) \_\_\_\_\_ (father) \_\_\_\_\_ (Home) \_\_\_\_\_  
Work \_\_\_\_\_ (mother) \_\_\_\_\_ (father) \_\_\_\_\_ (other) \_\_\_\_\_

Is your child allergic to any medications? If so, please list: \_\_\_\_\_

Other allergies: \_\_\_\_\_

Is your child currently taking any prescription medication? If so, please list: \_\_\_\_\_

Does your child have any conditions that we should be aware of? Please explain: \_\_\_\_\_

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Child's Date of Birth: \_\_\_\_\_ Date of last Tetanus Shot: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy/Group Number: \_\_\_\_\_

In the event of a medical emergency, I hereby give permission to those in charge to request necessary medical treatment for my child, in the event I cannot be reached at the above listed phone numbers.

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
(parent/guardian)