YOUTH MINISTRY ACTIVITY
PARENTAL PERMISSION & RELEASE FORM

Please complete and return this form by: (Deadline) Thursday, February 7

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

(Event/Activity) New Seasons Nursing Home

(Place) New Seasons Nursing Home, Chalfont, PA

(Date) Sun, Feb 10, 2019

(Arrival time) 1:30PM at Randazzos **(Pick up time)** 3:30PM at New Seasons **(Cost)** free

(Chaperone name & phone #) St. Jude Parish / Fr. Jeff Rott 215-822-0179

(Transportation) Drop Off/Pick Up

(Activity details) Volunteer at New Seasons Nursing Home

I hereby agree to indemnify and hold harmless (**insert name**) St. Jude 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 2/10/2019 (insert date**).** 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.