

Matthew 13 Catholic Collaborative
The Rock – Youth Ministry Room
Parental/Guardian Permission & Medical Information Form

PLEASE PROVIDE THE FOLLOWING INFORMATION

Name of adult signing this form _____

Parent Email _____ Parent Cell Phone _____

Name of my child _____ Grade _____

Child Email _____ Child Cell Phone _____

I understand that the above email and cell phone data provided by me will be used to communicate information about programming at the Rock and other Youth Ministry Activities. I understand that I am responsible for arranging appropriate transportation for my child to and from The Rock during scheduled programming hours.

Authorization, Release & Indemnification

I, the lawful parent or guardian of _____ ("my child") irrevocably release from all liability, and hereby agree to indemnify and hold harmless the Roman Catholic Archbishop of Boston, both individually and in his capacity as trustee for the benefit of the Roman Catholic Archdiocese of Boston and all parishes within the Archdiocese, including but not limited to Blessed Sacrament Parish and St. Mary Parish (collectively, "RCAB"), and the officers, agents, representatives, volunteers, chaperones, clergy, religious and employees of either the Archdiocese of Boston or any parish or youth ministry thereof ("Agents") from any and all liability, actions, causes of action, claims, judgments, cost or expenses, including but not limited to attorneys' fees, known or unknown at this time, arising out of or in any way related to any injury or illness or other damages to person or property incurred by my child while participating in events or programming at **The Rock - Youth Ministry Room**.

I understand that in the case of a medical emergency 911 will be called first. I understand that RCAB and Its Agents will make a reasonable attempt to contact me and/or listed emergency contact as soon as possible in the event of medical emergency involving my child.

Please indicate any **allergic reactions/serious medical problems/conditions/physical limitations that the staff should be aware of:**

Does your child require an Epi Pen? Yes ___ No ___ If you have answered "yes" please make sure that your child has an Epi Pen with him/her at all times. He/She will be responsible for administering treatment.

Emergency Contact (other than yourself) _____

Relationship/Phone _____

RCAB and Its agents, including but not limited to **Jen Duffey, Collaborative Youth Minister**, may use my child's portrait, photograph or video for promotional purposes related to the advancement and development of the ministry of the Roman Catholic Church and the Archdiocese of Boston, and hereby release RCAB and Its Agents from any liability resulting from such use.

If any change occurs in the information provided by the parent or guardian with respect to emergency contacts or medical information, the appropriate Agent will be provided with written notification of such change as soon as possible.

I have carefully read this statement, and my signature acknowledges that I fully understand and agree to its content and meaning. I give my permission for my child to attend The Rock – Youth Ministry Room

Signature of Parent or Guardian _____ Date _____

Relationship to child _____