

Youth Ministry

Parent/Guardian Consent/Release Form

We, the parents/guardians of _____ do hereby give our permission for him/her to attend the Youth Ministry event through FUSED4 Youth Ministry.

DATE: _____ Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

We do hereby release and forever discharge the Diocese of Greensburg and designated chaperones from and/all actions or suits in law or equity which we might hereafter have by reasons of injuries sustained by our son/daughter participating in the above mentioned activity. In case of emergency, we give permission for our child to be treated at a hospital and/or by a medical doctor.

In case of emergency, contact us at this phone number: () _____

If we are unavailable, contact (Name/Relationship): _____

Phone Number: () _____

Our insurance company is: _____ Policy number: _____

Parent/Guardian signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

PLEASE COMPLETE THE FOLLOWING:

Name of Student _____ Home Phone: _____

Address _____ City _____ Zip _____

Age _____ Grade _____ School/City _____

Parish _____

Indicate any illness or allergies of which we should be aware. Also, if the student will be taking any prescription medication, please note below.
