

SAINT LEO THE GREAT YOUTH MINISTRY OFFICE
PARENTAL PERMISSION AND EMERGENCY AUTHORIZATION FORM

Youth in 8-12th Grades
World Youth Day on Palm Sunday

DEADLINE: March 26, 2010

Participant's Name _____ Birth Date _____

To Whom It May Concern:

I, parent or guardian of _____ do hereby request that he/she be permitted to attend "World Youth Day, Mass" on Palm Sunday, March 28, 2010 at St. Patrick's Cathedral in Harrisburg, PA. We will leave St. Leo's by bus @ 1:00pm and will return to same at 7:30pm. Sean Malloy will provide the concert/entertainment during dinner. Please dress appropriately for Mass (no jeans). **Cost: \$15 (includes transportation, dinner & concert) payable w/ registration to "Saint Leo the Great Church."** We will need clearanced adult chaperones . All youth & chaperones attending large trips this summer are asked to attend as part of our preparation. All 8th—12th graders are most welcomed!

Mary Ellen Reitmeyer's cell phone # in case of an emergency: 575-6894

I understand that the program will have competent adult supervision and reasonable and appropriate measures will be made to minimize the risk of injury and/or accident.

I hereby grant my consent for staff members and/or adult volunteers under whose auspices the program is conducted, to secure all necessary emergency medical care and/or treatment that may be necessary for my child during the entire event including the trip to and from their destination, if provided by a staff member or adult volunteer. I further assume all responsibility for the decisions so made, and the emergency care or treatment so secured, in the event that I cannot be reached.

In case of accident, injury or loss, neither my family nor I hold the place where the event is conducted, the group sponsoring the event, nor any person or affiliate organization associated with the event, responsible or liable. In case of accident or serious illness, I request the Parish to contact me (or person named below). If the Parish is unable to reach me, I hereby authorize the Parish to make whatever arrangements seem necessary. I authorize EMERGENCY medical treatment to be given to my child.

Signed _____ Date _____

Relationship _____ Address _____
Phone# _____ Cell# _____ Work# _____

Do you have hospital insurance? YES _____ NO _____

Name of Company and Policy or Group Number _____

If you participate in an HMO, please list the provided and telephone number

Provider _____ Telephone Number _____

Medical or other ailment and/or allergies? _____

In Emergency , if I cannot be reached, contact:

Address _____ City _____
Phone _____ Work _____ Cell _____

