

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

**Girls from Saint Leo the Great Parish & School in grades 7-8**

**DEADLINE: Wednesday, April 14, 2010– or until all spots are filled, which ever comes first**

Participant's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_

To Whom It May Concern:

I, parent or guardian of \_\_\_\_\_ do hereby request that she be permitted to attend a "Princess Power Sleepover," where all the junior high princess daughters of the King will gather on Friday, April 23, 2010 from 7:30pm until Saturday, 24<sup>th</sup> at 8:30am in the Weber Center. The cost for this sleepover is \$15. Bring a snack to share! Bring a sleeping bag, (air mattress if you'd like), p.j.'s & toiletries.

**We will need adult female chaperones with clearances or we will be unable to have this popular event!**

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 \_\_\_\_\_

-----**OVER**-----

Please check the box below if you would like us to call you to be chaperone for this trip. You must have your Pennsylvania Childfind Clearance on record with the Diocese of Harrisburg & have been issued a badge from the diocese.

YES

NAME: \_\_\_\_\_

Parents/guardians of participants are advised that photograph or videotape of participants may be used in publications, websites or other materials produced from time to time by the St. Leo the Great Youth Ministry Office and Mary Ellen Reitmeyer. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child(ren) to be photographed or filmed should notify the office in writing. Please note that the Office has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

PARENT'S E-MAIL ADDRESS \_\_\_\_\_

YOUTH'S E-MAIL ADDRESS \_\_\_\_\_

IF YOU HAVE ANY QUESTIONS, PLEASE CALL MRS. REITMEYER @ 394-1035 OR E-MAIL AT [YOUTH\\_MINISTRY@STLEOS.ORG](mailto:YOUTH_MINISTRY@STLEOS.ORG)

**PLEASE BRING A SNACK TO SHARE!**

**T-SHIRT SIZE:** \_\_\_\_\_