



2017-18 Youth Ministry Health and Permission Form

Family Last Name: _____ Primary Phone (____) _____
 Address _____ Zip _____ Primary E-mail: _____
 Parish Registered: Saint Kateri: Yes/No. **If No:** Name of Parish in which you are Registered _____
 Father's Name _____ Cell Phone(____) _____ Work phone(____) _____
 Mother's First + Maiden Name _____ Cell Phone(____) _____ Work phone(____) _____

Please list the students you are registering below:

Name of student	M or F	Date of birth	Name of School & Grade Level in 2017-18	Location & Grade Level of last Faith Formation or Catholic School Attended	Special Needs/Allergies:

Emergency Contact if Parent/Guardian is not Available:

Name/Relationship: _____ Phone: _____

Health Insurance/Physician

Health Insurance Co: _____ Policy # _____

Physician: _____ Physician Phone: _____

I hereby certify that the above information is correct and give permission for my child to be transported in privately owned vehicles for medical emergencies only. I give permission for the release of medical records to an attending health care professional in case of injury or illness. I understand that every effort will be made to contact the parent/guardian first. If parent/guardian cannot be contacted, I hereby give permission for a qualified physician to secure proper treatment for my child.

I appoint the designated parish Faith Formation facilitator to act on my behalf in authorizing necessary emergency medical, dental, surgical care and hospitalization necessary to protect the child's life and health while she/he is participating in any parish Faith Formation, youth ministry and sacramental preparation sessions.

I give permission to use pictures of my child for parish website, newsletters and bulletins.

Parent/Guardian Signature (Required): _____ Date: _____