

St. Mathias High School Youth Ministry
(440) 888-8200

PARENTAL CONSENT

I, _____ am the _____ of _____
name of parent/guardian father, mother, custodial parent, guardian participant

I hereby request permission for the above named child to attend _____
event name

From date & time _____ thru _____

In consideration of the child being allowed to participate in the event, on behalf of my child, my spouse, and myself, I hereby assume all risks in connection with the event/trip and I further release, discharge, and/or otherwise indemnify the Diocese of Cleveland, the Bishop of the Roman Catholic Diocese of Cleveland, St. Matthias Parish, employees, and volunteers from all claims, judgments, liability by or on behalf of my child, myself and my spouse for any injury or damage due to the child's participation in the event including all risks connected therewith whether foreseen or unforeseen.

Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for my child I fully understand what is involved in the event and I understand that I have the opportunity to call Randy Kula @ (216) 573-5577 (Coordinator of High School Youth Ministry) and ask him about the event.

parent/guardian signature date phone (daytime) phone (evenings)

MEDICAL AUTHORIZATION

I _____ of _____
Parent/Guardian Street address & city

am the mother/father/guardian(s) of _____,
A minor who is in the care and custody of the St. Matthias High School Youth Ministry.

In the event reasonable attempts to contact me at _____ (phone #) or another parent at _____ (phone #) have been unsuccessful,

I hereby give my consent for: 1) the administration of any treatment deemed necessary by

Dr. _____ (preferred physician) at _____ (phone #), or

Dr. _____ (preferred dentist) at _____ (phone #), or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and 2) the transfer of my

son/daughter to _____ (preferred hospital) or any hospital reasonably accessible. This authorization does not cover major surgery unless medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

My health insurance carrier is: _____

Name of policyholder: _____ Policy/group/claim number: _____

Social Security Number of policyholder: _____

My child's birthdate is: _____ My child's Social Security Number is: _____

List any allergies or chronic medical conditions: _____

List any Medication, and dosage child is currently taking: _____

I fully understand what is involved in the event and I understand that I have the opportunity to call Randy Kula @ (216) 573-5577 (Coordinator of High School Youth Ministry) and ask him about the event.

Parent/Guardian Signature Date