

Youth Ministry Permission Slip

I hereby give my child _____ permission to participate in the following event **High School CYO Retreat** Date: _____

I release Holy Trinity, its staff and sponsors, from responsibility and liability for an injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to an x-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in a hospital. I expect to be contacted as soon as possible.

By signing this form, I also give permission to waive the right to any type of compensation, for my child to be photographed or video taped at this event. Pictures/Videos may be used for promotional or educational purposes.

Parent/Guardian Signature _____ Date _____

General Information (Please Print Clearly)

Child's Name _____ DOB _____

Address _____

Phone _____ Email _____

Cell# _____ Work# _____

Medical Emergency Information

Allergies? _____ Allergy Meds _____

Contact Lenses? _____ Last Tetanus _____

Existing Condition? _____ Meds _____

Physical Limitations? _____

Family Physician Name & # _____

Insurance Comp _____ Policy# _____

**THE COST OF THE RETREAT IS \$55.00 (PLEASE CHECKS PAYABLE TO HOLY TRINITY).
SUBMIT ON/BEFORE THE DUE DATE. RETREATS ARE FIRST COME FIRST SERVED.**