ACTIVITY PERMISSION & EMERGENCY FORM
YOUTH ACTIVITY PROGRAM
UPDATED 2/1/08

This form must be submitted on or before:	**February 10**	To:	**8C CATECHIST**

Child's First Name: _____ **Last Name:** _____

I allow my child to participate in the activity below:

Event:	**Serving Food at SOME – So Others Might Eat – 71 "O" Street, NW, WDC**
Date:	**SUNDAY, February 24**
Transportation: **Please select from the following Options:**	☐ **1. I will take my child to and from the site.**
	☐ **2. I will take my child to the site but - need a carpool home.**
	☐ **3. I will take my child to the site but - need a carpool to Holy Trinity.**
	☐ **4. My child will be carpooling to/from the event with (name):** _____ **- The driver is at least 21 years old with proof of insurance:** ☐ **Yes** ☐ **No**
	☐ **5. I need assistance finding a carpool.**
Departure:	**Gather in front of Rectory at 10:15**
End Time:	**1:15PM AT SOME** **Returning to Holy Trinity – where applicable – at/around 1:30**

Carpool Drivers Needed	I (name) _____ volunteer to provide carpool assistance for # _____ passengers. I can provide proof of valid license and car insurance.

Acknowledgement

I know that all possible care and safety will be provided for my child during the above-named activity. Therefore, in granting my permission, I release from all liability and waive all claims against Holy Trinity Catholic Church, church staff, and church volunteers for any harm to my child that may occur during this activity, including but not limited to accident, injury, illness, or property loss. I understand that I must pick up my child at the time indicated.

_____ _____

Print – Parent/Guardian Name **Signature – Parent/Guardian**

CONTACT INFORMATION FOR DAY OF THE EVENT			
Mother/ Guardian	**Home:**	**Father/ Guardian**	**Home:**
	Cell:		**Cell:**

PARTICIPANT BEHAVIOR COVENANT - SIGNATURE REQUIRED

I understand that I must behave in a manner worthy of my parents and me. If I violate the trust placed in me, my parents will pick me up.

_____ _____

Signature of Youth Participant **Date**

Designated Activity Director: Ingrid Sánchez Seymour, Coordinator, Youth Activities & Ministry
Activity Authorized by: Judith A. Brusseau, Director, Religious Education

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Health Form & Emergency Medical Release Form

This information remains confidential and will be destroyed at the end of the year.

Child's Name:		**Gender:**	☐ **M** ☐ **F**	**Birth date:**	
Address:					
City:		**State:**		**Zip:**	

Health Insurance:		**I D #:**	
Policy Number:		**Group I D#:**	

Environmental allergies, other chronic conditions, recent or current illness or injury?

_____

Please list any medications that your child is taking:

_____

OTC Medication: The following may be dispensed to my child (as prescribed by the product label).

Check all that apply: ☐ **Tylenol** ☐ **Ibuprofen** ☐ **Aspirin**	**Other:**

IMMUNIZATIONS & TB. Are the following immunizations/test current to this school year?

Childhood Immunizations? ☐ **YES** ☐ **NO**	**Tetanus Shot?** ☐ **YES** ☐ **NO**	**TB?** ☐ **YES** ☐ **NO**

EMERGENCY MEDICAL TREATMENT RELEASE

In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Signature of parent/guardian **Date**

ALTERNATE CONTACT: In the even of an emergency, please contact the following:

Name:			
Relationship to child:			
Home Phone:		**Cell Phone:**	