

Medication Currently Taking



Student Information Name First Name Middle Initial Last Name Preferred Name Date of Birth Grade (mm/dd/yyyy) Church of Baptism City State Student's Phone Student's Email Address (xxx)xxx-xxx Name First Name Middle Initial Last Name Preferred Name Date of Birth Grade (mm/dd/yyyy) Church of Baptism City State Student's Phone Student's Email Address (xxx)xxx-xxx Household Information Address Street Address Apt. # or PO Box Phone City State Zip Code Parental Information Father's Name Mother's Name First Last First Last Phone Email Phone Email (xxx)xxx-xxx (xxx)xxx-xxx Emergency Contact/Medication Information Name Phone (xxx)xxx-xxxx Relationship to Student Medication Allergies

I/We, the parent(s)/guardian(s) of do hereby give my/our permission and guardianship to participate in all on-campus activities with the youth group.	approval for my/our son/daughter/
I/ We do hereby, for myself, my heirs, executors, and administrators, waive, rel hold harmless any and all adults who chaperone this event, other participant Diocese of Orlando, and any of the above named parties' representatives, succorganizers, for any injuries in connection with the outing / event(s) named abothe result of gross, willful negligence.	es, Our Lady of Lourdes), the Catholic cessors, supervisors, sponsors, and/or
I/We likewise release from liability any person(s), airline, bus company, or oth my child, in a privately owned and/or leased vehicle, to and from any activit event(s), with the exception of gross negligence due either fully, or in part, to me I/We also give permission to seek any be involved in any accident or be events named above. I/We instance, all attempts will be made to contact the parent/guardian. In the even hereby give permission to the attending physician to hospitalize, secure the anesthesia, and/or surgery for my child as deemed medically necessary. Permissible that my/our son/daughter/guardianship be given aspirin / pain in medical personnel or other adults responsible during this event. I/we also agree that I/we am legally responsible for all/any personal actions during this event, and agree to be financially responsible for any/all damages, a result of the actions/behavior of my child/guardianship. Furthermore, I/we agree that if the above named student's behavior is inapprop group, I/we will be contacted immediately to secure means of removing my/our premises. I/we understand that any financial costs incurred as a result of my/our emy/our responsibility. Additionally, I/we give permission for my/our son/daughter/guardianship to be passociated with the above-mentioned event. I/we understand that said photos, publicity within the parish, Diocese, and or Catholic Church.	ies connected with the above named echanical failure and/or operator error.  emergency care should my child injured in any way during such understand that in any such that I/we cannot be contacted, I/we treatment for, and to order injection, Unless otherwise instructed, it is medication / cold medicine by either as taken by my/our child/guardianship legal fees, and other costs incurred as oriate, unsafe and/or detrimental to the child/guardianship from the event ur child/guardianship being sent home obhotographed during activities
Parent's Signature	Date
In signing the below line, I agree to abide by any / all policies and rules established for this event / activity. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent's expense.  Basic rules / expectations include, but are not limited to, the following: Respect for all adult leaders, peers, and all property; NO illegal drugs, alcohol, underage smoking, firearms, explosives, or other illegal substances; Males and females are to remain in separate sleeping spaces at all times; No inappropriate physical / sexual activity; Appropriate attire is to be worn at all times. Other guidelines may be set forth accordingly by adult chaperones present for the event(s).	
Student's Signature	Date
Second Student Sign	