

St. Martha Youth Ministry Permission Form

I (WE), _____ parent(s)/guardian request that my child _____ be allowed to participate in the following activity _____ on _____.

I (WE) further give my (our) permission for _____ to ride in any vehicle designated by the adult in whose care my (our) child has been entrusted while participating in the above activities.

In consideration of permitting my (our) child to attend and/or participate, I (we) do hereby, for myself (ourselves) and my (our) child (children) waive and release any and all claims that I might have against Chad Bader, St. Martha Church and any designated driver of a van, bus, car or vehicle, for any and all injuries or losses suffered by said child (children) while engaged in the above activities.

In case of any medical emergency, I understand that every effort will be made to contact the parents or guardians of the child participating in the Youth Ministry Programming of the parish. In the event that I cannot be reached, I hereby give permission to the physician selected by the Youth Ministry Coordinator to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named herein.

I also give my permission for the use of photographs/video, which may include my child, to be used by St. Martha youth ministry and/or the Archdiocese of Louisville for promotional purposes. This includes but is not limited to bulletin boards, newsletters, St. Martha's Website and/or St. Martha Social Media.

Parent/Guardian **SIGN** below (Either parent can sign).

Mother Signature _____ Father Signature _____

Cell Phone (Mother): _____ Cell Phone (Father): _____

Home Phone: _____ Date: _____

Allergies _____ May we give Tylenol? _____

Alternate Emergency Contact Name

Home Phone

Cell

Trip Participant Only: I understand the rules of conduct for participants in St. Martha Youth Ministry functions and will abide by them as well as the directions of the leaders of the trip.

Youth Signature _____