

SJN YOUTH MINISTRY
RELEASE AND CONSENT FORM
Rock Climbing at the YMCA, New Bedford, MA
Saturday, April 12, 2008

Parent' drop off at the YMCA at 1:45 P.M., pick up at 3:30 P.M.

PARENT

I, _____ (parent signature) give my permission for my son/daughter, _____ (print participant's name) to participate in this St. John Neumann's Youth Ministry field trip. **I understand that I am responsible for transporting my child both to and from the YMCA, near the foot of Union Street in downtown New Bedford, at the times stated.**

I also give my permission, if needed, for my child to be evaluated, diagnosed, treated and/or medicated in accordance with standard medical practice by licensed medical personnel.

I hereby release the Bishop of the Diocese of Fall River, the Parish of St. John Neumann, Church staff, Youth Directors and volunteers of all responsibility and consequences that may arise as the result of the field trip, injury or treatment. I agree to accept any and all financial responsibility related to any emergency treatment.

My child _____ (child's signature) agrees to abide by rules of the Youth Ministry Office. I understand that St. John's, the adult chaperones and staff nor the Diocese will be held liable if my child fails to cooperate and that serious infractions of rules may result in prevention from attending future outings.

Medical Information (please print legibly and fill out completely)

My child is allergic to _____

Child's Address _____ **Child's Birth date** _____

City _____ **State** _____ **Zip** _____

Home Phone _____

In case of emergency notify _____ **(their relationship)** _____

Phone number of emergency contact person _____

My child takes the following medication _____

Doctor's Name _____ **Phone** _____

Health Ins. Co. _____ **Policy Number:** _____

Name of insured: _____ **Name of employer:** _____