

ARCHDIOCESE OF BALTIMORE /IMMACULATE CONCEPTION YOUTH MINISTRY  
PERMISSION & RELEASE FORM

Youth Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male Female(please circle)

Parent(s) Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other number where Parent can be reached during event: \_\_\_\_\_

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In consideration of the wholesome recreational and learning experience in which my son/daughter will participate, I, as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany the Immaculate Conception Youth Ministry program to:

**Event & Location: *Life Teen Summer Supper Series 2022***

**Date & Time: *Sunday, July 10 6:45-8:30pm***

*Sunday, July 17 6:45-8:30pm*

*Sunday, July 24 6:45-8:30pm*

I/we acknowledge receipt of an information sheet describing the planned activities.

In consideration of the opportunity for my son/daughter to participate in the Program, I agree to RELEASE AND HOLD HARMLESS AND INDEMNIFY Immaculate Conception, Noelle Acaso, the Division of Youth & Young Adult Ministry, the Roman Catholic Bishop of Baltimore and his successors, a Corporate Sole, and all their agents, servants and employees from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my son/daughter's participation in the Program.

I hereby grant permission to any staff person to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that I cannot be reached.

(Check one of the following:)

- I am covered by hospitalization and medical insurance under policy # \_\_\_\_\_ issued by \_\_\_\_\_.
- I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my son/daughter.

I hereby grant permission to any staff person to provide the following over-the-counter drugs (or their generic equivalent) to my son/daughter if requested by my son/daughter (Check all that apply:)

ζ Tylenol ζ Benadryl ζ Advil ζ Sudafed ζ Midol ζ Kaopectate ζ Neosporin ζ Pepto Bismol

ADD any other medical information concerning medication, allergies, illness, etc. \_\_\_\_\_

ADD any dietary restrictions: \_\_\_\_\_

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time Immaculate Conception. (Participants would not be identified, however, without specific written consent) Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify Immaculate Conception in writing. Please note that Immaculate Conception has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature