



# St. John Francis Regis Parish

43950 St John's Road

Hollywood, MD 20636

301-373-2281

## Event Permission Form

Event Name: \_\_\_\_\_

Youth Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's email/cell info: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

**In the event of an emergency, if you are unable to reach me, please contact:**

Name & Relationship: \_\_\_\_\_ Ph: \_\_\_\_\_

I understand that St. John's Parish/Archdiocese of Washington does not provide insurance for my child during activities related to the Youth Group. This is my sole responsibility as the parent/legal guardian. If I cannot be reached, I hereby grant permission for my son/daughter to be evaluated, diagnosed, treated, and/or medicated in accordance with the standard medical practice by licensed medical personnel. **Check one of the following:**

I am covered by hospitalization and medical insurance under policy # \_\_\_\_\_ issued by \_\_\_\_\_ (please update as necessary)

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 to my son/daughter if requested by my son/daughter (circle all that apply):

Tylenol Benadryl Advil Sudafed Midol Neosporin Pepto Bismol

**Please add any other medical information concerning medication, allergies, illness, OR DIETARY RESTRICTIONS, etc. on back of this form and check this box to indicate that you've done so.**

*As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. John's Parish, its employees, officers, directors and agents, and the Archdiocese of Washington, chaperones, or representatives associated with the event (collectively referred to herein as the "Church"), from any liability arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the Church for reasonable attorney's fees and expenses arising in connection therewith.*

*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 by St. John's Catholic Church/Archdiocese of Washington. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child to be photographed or filmed should notify the parish in writing. Please note that the parish has no control over the use of photographs or film taken by media that may be covering the event in which your child participates.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*As a participant of a St. John's Parish event, I agree to behave appropriately and participate fully in this event. I understand that my parents/legal guardian will be notified immediately of any inappropriate behavior and that I will be sent home at my own and/or my parent/ legal guardian's expense.*

Youth Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_