



What is Your Story?

Youth Permission Form

Participant's name _____ Date _____ Age: _____ Sex: _____

Street Address/City/Zip _____

Phone _____ E-mail _____

Parent/Guardian name _____ Phone _____

I ask for and grant permission for my son/daughter _____ to participate in an event that requires transportation to a location away from the parish. This activity will take place under the guidance and direction of employees and volunteers from the **ARCHDIOCESE OF HARTFORD** and the parish of _____, in the town of _____.

What: 2020 Catholic Youth Encounter
Where: St. Paul Catholic High School, Bristol
When: Sunday, April 26, 2020
Mode of Transportation: _____
Estimated travel times: Depart: _____
Return: _____
Person in charge from parish:

While youth are responsible for his/her own behavior, as a parent and/or legal guardian, I remain legally liable for any actions or damages made by the above named minor. I am aware that I will be called if my teen breaks any of the rules and has to be sent home. I agree on behalf of myself, my teen named herein, our heirs, successors, and assigns to hold harmless and defend the above-named parish, the ARCHDIOCESE OF HARTFORD and its officers, directors, agents, employees, representatives associated with this event from any and all liability claims, loss or damage arising from or in connection with my teen attending this event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the above-named parish, and the ARCHDIOCESE OF HARTFORD, its officers, directors, agents, employees, or representatives associated with the event for reasonable attorney fees and expenses arising in

connection therewith. I hereby warrant that to the best of my knowledge, my teen is in good health and I assume all responsibility for his/her health. In the event of an emergency and I can not be reached, I hereby give permission to transport my teen to a hospital or medical facility and to seek medical attention. I give permission for the administration of non-prescription medication - aspirin, throat lozenges or cough syrup - if deemed appropriate and if the situation is not life-threatening. I also understand that my child may be photographed for future publicity (including but not limited to Archdiocesan websites / social media / print media).

Emergency contact person: Name _____

Relationship _____ Phone _____

Hospital Preference: Name _____ Town _____

Doctor: Name _____ Phone _____

Insurance: Company _____ Employer _____ Group # _____

Subscriber name _____ Subscriber # _____ Date of last tetanus shot: _____

Medications currently taking: (name and dosage) _____

Allergies: (medication, foods, plants, insects) _____

You should also be aware of these special medical /physical/ mental conditions of my child (special diet, sleepwalking, fainting, nose bleeds, recent injuries, exposure to contagious diseases, etc.):

Parent Signature: _____ Date: _____

I agree to abide by participant expectations and code of behavior.

Participant's Signature: _____ Date: _____