

**St. Patrick's Episcopal Church
Youth Program**

PERMISSION AND MEDICAL RELEASE FORM

To Whom it may concern:

I _____ hereby give permission to the adult youth advisors of St. Patrick's Episcopal Church Youth Group to transport my child(ren):

Name: _____

Name: _____

to and from church sponsored youth events. I am also authorizing their general participation in events sponsored by or associated with the St. Patrick's Youth Program. By signing this authorization, I am absolving St. Patrick's Episcopal Church and the adult advisors from any and all liability.

Furthermore:

I hereby give my consent to the adult advisors of St. Patrick's Youth Program to act in *loco parentis* when, upon the advice of a physician, surgeon, or dentist, immediate medical, surgical, or dental care is required by my child(ren) and I cannot be reached. I will assume all financial responsibility for such care.

Signature: _____

Date: _____

INSURANCE INFORMATION: Please attach a copy of your insurance card.

Name of Insurance Company: _____

Policy Number: _____ Group Number: _____

Emergency Contacts Numbers:

Home Phone: _____ Wife Work: _____

Husband Work: _____ Wife Cell: _____

Husband Cell: _____