

# Youth Ministry Permission Form/Social Media Release

I, \_\_\_\_\_, reside at \_\_\_\_\_  
*(Printed Parent/Guardian First and Last Name)* *(address)*

\_\_\_\_\_, Indiana 46\_\_\_\_ and am the  
*(city)* *(zipcode)*

Father       Mother       Custodial Parent       Legal Guardian of  
*Child's First and Last Name* *Age*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(hereinafter "my child(ren)") who resides with me at the above address.

My home phone is \_\_\_\_\_ Cell \_\_\_\_\_,


E-mail \_\_\_\_\_.

I request that the Youth Ministry Program of Our Lady of Good Hope Parish, allow my child(ren) to participate in Youth Ministry Programs here at the parish from June 2019 through July 2020. I have instructed my child(ren) to follow the rules of conduct as directed by the Director of Religious Education or the Youth Minister. If my child(ren) has any special dietary, medical or other needs which must be followed while participating in these events, I will provide the written information regarding those special matters along with this form.

I give permission for Our Lady of Good Hope to post a picture of my child in a Youth Ministry event on the Our Lady of Good Hope website and/or Facebook page.

I DECLINE posting any picture of my child in a Youth Ministry event on the Our Lady of Good Hope website and/or Facebook page.

\_\_\_\_\_  
*(date)*

\_\_\_\_\_  
*(Parent/Guardian Signature)*  
**(OVER )**

# TO BE COMPLETED ONLY IF CHILD(REN) IS/ARE UNDER AGE 18

**NOTE: Parents must sign either Part I (Consent) or Part II (Refuse to Consent)**

## Part I. Consent to Emergency Medical Care

In the event reasonable attempts to contact me at \_\_\_\_\_ or  
(phone number)  
\_\_\_\_\_ at \_\_\_\_\_ have been unsuccessful,  
(other parent/adult) (phone number)

I hereby give my consent for:

1. The administration of any treatment deemed necessary by

Dr \_\_\_\_\_ or Dr \_\_\_\_\_  
(preferred physician) (phone number) (preferred dentist) (phone number)

or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and

2. The transfer of the child to \_\_\_\_\_ or any hospital reasonably accessible.  
(preferred hospital)

This authorization does not cover major surgery unless the medical options of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

My Health Insurance Carrier is \_\_\_\_\_  
Policy/Group/Claim Number \_\_\_\_\_

The following include any allergies the child may have, any medication the child may be taking and any other facts to which a physician or dentist should be alerted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(date) (Parent/Guardian Signature)

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## Part II. Refuse to Consent to Emergency Medical Care

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the parish authorities to take no action or to: \_\_\_\_\_

\_\_\_\_\_

I fully understand what is involved in these activities and the foregoing form and I understand that I have the opportunity to call the Youth Minister about any questions that I may have.

\_\_\_\_\_  
(date) (Parent/Guardian Signature)

**(OVER ↻)**