

PARENTAL CONSENT FORM
St. Joseph Catholic Church Parish Youth Group

I, _____, the legal parent(s)/guardian(s) of _____, grant permission for my child to participate in any and all activities of **the Youth Ministry** Youth Group of **St. Joseph Catholic Church** Parish. I understand that most of the activities for this program will take place at **St. Joseph Catholic Church** and other areas in the Archdiocese of Chicago if needed. I understand that I am fully responsible in arranging transportation of my child to and from all events and activities of this program and that I am fully responsible for the safety of my child immediately before and after my child leaves the program facilities.

I/We hereby release and indemnify the Catholic Bishop of Chicago, a corporation sole, The youth ministry office, the Parish and all their staff and volunteers from any and all liability arising from claims of any kind or nature whatsoever from my teen's participation in this event.

I understand that if my teen violates any laws regarding possession of alcohol or drugs, or rules governing the event, I will be called to pick my teen from the premises.

In the event that the undersigned cannot be reached and in the judgment of the responsible adult of this program or other staff member, there is a necessity for immediate examination and/or treatment of my teen, I HEREBY AUTHORIZE any of the aforesaid personnel to obtain for my teen, such medical services as are deemed necessary.

1. I authorize for the Program Coordinators of **St. Joseph Catholic Church Youth Ministry** Youth Group to administer non-prescription drugs as needed for my teen, (ie., aspirin, Tylenol, ibuprofen, etc): **YES NO**
2. I authorize the **St. Joseph Catholic Church** parish and the Archdiocese of Chicago to use photographs/videos that include my teen for promotion and publication. **YES NO**
3. I authorize the Coordinators of the Youth Group to contact my child through the following [*circle as many*]: a) Home Phone, b) Cell phone, c) texting, d) e-mail, e) Face Book or other e-network
4. I authorize my child to drive him/herself to the event: **YES NO**
5. I authorize my child to be transported and picked up by: _____ who is (*relationship to child*) _____ of my child.
6. Please list any allergies, medications, medical problems, and physical activities that your teen cannot take part in and any other important medical information:

7. List emergency contacts:

Name	Phone #	Relationship to my Child

***With my signature I confirm that all information given in this form is correct.

Signature of Parent/Guardian

Date