

**Permission Slip and Insurance Release for Jr. High Youth Group Events,  
Retreats, and other Activities**

\_\_\_\_\_ (student's name) has my permission to participate in Jr. High Religious Education trip to \_\_\_\_\_ on April 18, 2010.

I hereby release and hold harmless the Archdiocese of Indianapolis, St. Joseph Parish, St. Ben's or Sacred Heart of Jesus and any of its staff, advisors, chaperones or persons connected with the trip from any liability, claims, damages for personal injury, property loss/damage which may result during the event.

The undersigned youth, \_\_\_\_\_, (student's name) hereby agrees to abide by the rules established for the above event.

\_\_\_\_\_  
(Signature of Parent of Guardian)

\_\_\_\_\_  
(Signature of Participant)

Date: \_\_\_\_\_

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**Authorization for Medical Treatment**

\_\_\_\_\_  
(Minor's name)

\_\_\_\_\_  
(Birthdate)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Parent or Guardian's Name)

\_\_\_\_\_  
(Work #)

\_\_\_\_\_  
(Home #)

\_\_\_\_\_  
(Insurance Company)

\_\_\_\_\_  
(Policy #)

I hereby authorize the treatment, administration of anesthesia, and surgical treatment(s) for my minor son/daughter \_\_\_\_\_ in the even of a medical situation occurring during my absence or when the hospital or physician(s) are unable to contact me. This authorization extends to any hospital, physician(s), and nursing personnel within the physician's staff where treatment is rendered in the physician's office. I release from medical responsibility and liability the hospital, physician(s) and nursing personnel for performing medical procedures acting on the authority of this medical treatment consent form which such medical providers deem necessary for my minor child. Signed \_\_\_\_\_ (date), and valid until \_\_\_\_\_ (date).

\_\_\_\_\_  
(Signature of Parent or Guardian)

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Specific medical allergies, chronic illness or other conditions: \_\_\_\_\_

*In case of emergency, contact:* \_\_\_\_\_ Phone: \_\_\_\_\_