

PARENTAL AUTHORIZATION  
(Notarize and sign BOTH sides)

NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_

PARENT NAME(S) \_\_\_\_\_ WK PHONE \_\_\_\_\_

\_\_\_\_\_ WK PHONE \_\_\_\_\_

[FOR PARENT(S)] I give my permission for my child to take part in the Youth Group Mission Trip to Saltillo, Mexico, June 23-July1, 2000. (1) In consideration of the opportunity for my child to participate and fully recognizing that such an undertaking involves an element of risk, I assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless the Archdiocese of St. Paul and Minneapolis, its holdings and parishes, The Youth Room, Inc., their agents, employees and officers, and the chaperons, leaders, organizers and sponsors, and persons transporting my child to and/or from this activity. Neither of the Archdiocese of St. Paul and Minneapolis, its holdings and parishes, The Youth Room, Inc. nor any of said persons shall be held financially responsible for any injury, illness, or death incurred as a direct or indirect result of this activity. (2) I also give permission for my child's likeness and image to be used in our communities' literature relating to youth ministry. (3) In the event of an emergency and I cannot be contacted, I hereby authorize that my child be transported to a hospital and that emergency treatment may be administered. I wish to be advised prior to any further treatment by a doctor or hospital.

**We (I), the parent(s)/guardian(s) of this child, have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ DATE \_\_\_\_\_

(Signature of both parents is required)

I understand all rules and will cooperate fully with the rules set forth, including curfews and understand I will be sent home for not following such.

SIGNATURE OF PARTICIPANT: \_\_\_\_\_ DATE \_\_\_\_\_

THE FOLLOWING ARE SPECIAL CIRCUMSTANCES REGARDING MY CHILD YOU SHOULD BE AWARE OF:

\_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_

MEDICAL RELEASE FORM  
(Notarize and sign BOTH sides)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PARENTS' NAMES \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

INSURANCE \_\_\_\_\_ POLICY # \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_

DOCTOR'S ADDRESS \_\_\_\_\_

IN CASE OF INJURY/ILLNESS, CONTACT \_\_\_\_\_

IF CANNOT BE REACHED \_\_\_\_\_

ARE YOU CURRENTLY USING ANY MEDICATION? \_\_\_\_\_

IF YES, WHAT TYPE OF MEDICATION? \_\_\_\_\_

IF YES, WHEN IS IT NEEDED? \_\_\_\_\_

ADDITIONAL INFORMATION THAT WE WOULD NEED REGARDING YOUR CHILD'S HEALTH:

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

ALL THIS INFORMATION WILL BE KEPT IN STRICT CONFIDENCE BY RICK CRAIG

PARENTS: SHOULD MY SON/DAUGHTER BECOME ILL DURING THE TRIP TO SALTILLO, MEXICO I DO HEREBY GIVE MY PERMISSION FOR ANY EMERGENCY MEDICAL TREATMENT, IF I CANNOT BE CONTACTED.

PARENT SIGNATURES: \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ DATE \_\_\_\_\_

PARENTAL AUTHORIZATION

NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_

PARENT NAME(S) \_\_\_\_\_ WK PHONE \_\_\_\_\_

\_\_\_\_\_ WK PHONE \_\_\_\_\_

(FOR PARENT(S)) I give my permission for my child to take part in the Senior High Workcamp in Arizona, 7-21-95 to 7-30-95. In consideration of the opportunity for my child to participate and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless the Archdiocese of St. Paul and Minneapolis/the Church of St. John the Baptist, its agents, employees and officers, and the chaperons, leaders, organizers and sponsors, and persons transporting our child to and/or from this activity. Neither of the Archdiocese of St. Paul and Minneapolis/the Church of St. John the Baptist, nor any of said persons shall be held financially responsible for any injury, illness, or death incurred as a direct or indirect result of this activity.

We (I) the undersigned, have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ DATE \_\_\_\_\_

(Signature of both parents is required)

I understand all rules and will cooperate fully with the rules set forth, including curfews and understand I will be sent home for not following such.

SIGNATURE OF PARTICIPANT: \_\_\_\_\_ DATE \_\_\_\_\_

THE FOLLOWING ARE SPECIAL CIRCUMSTANCES REGARDING MY CHILD YOU SHOULD BE AWARE OF:

\_\_\_\_\_

\_\_\_\_\_

MEDICAL RELEASE FORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PARENTS' NAMES \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

INSURANCE \_\_\_\_\_ POLICY # \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_

DOCTOR'S ADDRESS \_\_\_\_\_

IN CASE OF INJURY/ILLNESS, CONTACT \_\_\_\_\_

IF CANNOT BE REACHED \_\_\_\_\_

ARE YOU CURRENTLY USING ANY MEDICATION? \_\_\_\_\_

IF YES, WHAT TYPE OF MEDICATION? \_\_\_\_\_

IF YES, WHEN IS IT NEEDED? \_\_\_\_\_

ADDITIONAL INFORMATION THAT WE WOULD NEED REGARDING YOUR CHILD'S HEALTH:

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

ALL THIS INFORMATION WILL BE KEPT IN STRICT CONFIDENCE BY RICK CRAIG

PARENTS: SHOULD MY SON/DAUGHTER BECOME ILL DURING THE TRIP TO ARIZONA WITH THE CHURCH OF ST. JOHN THE BAPTIST, I DO HEREBY GIVE MY PERMISSION FOR ANY EMERGENCY MEDICAL TREATMENT, IF I CANNOT BE CONTACTED.

PARENT SIGNATURES: \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ DATE \_\_\_\_\_

PARENTAL AUTHORIZATION

(Notarize and sign)

NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_

PARENT NAME(S) \_\_\_\_\_ WK PHONE \_\_\_\_\_

\_\_\_\_\_ WK PHONE \_\_\_\_\_

[FOR PARENT(S)] I give my permission for my child to take part in the Youth Group Mission Trip to Saltillo, Mexico, June 23-July1, 2000. (1) In consideration of the opportunity for my child to participate and fully recognizing that such an undertaking involves an element of risk, I assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless the Archdiocese of St. Paul and Minneapolis, its holdings and parishes, The Youth Room, Inc., their agents, employees and officers, and the chaperons, leaders, organizers and sponsors, and persons transporting my child to and/or from this activity. Neither of the Archdiocese of St. Paul and Minneapolis, its holdings and parishes, The Youth Room, Inc. nor any of said persons shall be held financially responsible for any injury, illness, or death incurred as a direct or indirect result of this activity. (2) In the event of an emergency and I cannot be contacted, I hereby authorize that my child be transported to a hospital and that emergency treatment may be administered. I wish to be advised prior to any further treatment by a doctor or hospital.

**We (I), the parent(s)/guardian(s) of this child, have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ DATE \_\_\_\_\_

(Signature of both parents is required)

I understand all rules and will cooperate fully with the rules set forth, including curfews and understand I will be sent home for not following such.

SIGNATURE OF PARTICIPANT: \_\_\_\_\_ DATE \_\_\_\_\_

THE FOLLOWING ARE SPECIAL CIRCUMSTANCES REGARDING MY CHILD YOU SHOULD BE AWARE OF:

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

NOTARY PUBLIC \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_



1. Please have your parent(s) complete and sign (notarize where noted) both of the enclosed permission slips. *If you will be 18 by June 24, you need only complete both sides of the colored permission slip.*
2. Bring these permission slips and a CERTIFIED copy of your birth certificate or valid passport to our next meeting (June 4).
3. Call Rick Craig, (763) 754-7666, if you have questions. Thanks!