

# Consent for Medical Care, Travel & Religious Participation

## St Peter Youth Group / St Peter Catholic Church

I/We, \_\_\_\_\_, the \_\_\_\_\_  
Name(s) relationship  
of \_\_\_\_\_ (\_\_\_\_/\_\_\_\_/\_\_\_\_) do hereby give consent for said child to:  
Child Date of birth

1. Receive such medical or dental aid as may be deemed necessary and expedient by the preferred physician or dentist, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist. I/We consent to the transfer of the child to the preferred hospital, or any hospital reasonably accessible. This authorization does not cover any major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed. I/We understand that I/we retain financial responsibility for my child's medical or surgical care.
2. Travel with St Peter Catholic Church. I/We further release St Peter Catholic Church, adult chaperones, and the Diocese of Cleveland from any liabilities for personal injury to said child or their belongings which might occur in the course of travel.
3. Participate in religious activities and training by the adults of the St Peter Catholic Church.
4. This form will be kept on file and used for all events in the 2026 Spring Semester, and will expire on June 1, 2026.

### Medical Information/Emergency Contact Information

See reverse for more information

### Power of Attorney

I/We give permission for the release of medical records for the above minor to any adult chaperone connected with the St Peter Catholic Church.

\_\_\_\_\_  
Initials

### Media & Information Release (OPT OUT)

The St Peter Youth Group can be found on a number of sites on the Internet (church website, Facebook, etc.). There are times when photographs of events taken by the St Peter Catholic Church or adult chaperones may be published on one or all of these sites, or in publications by the youth group.

I/We **do not** give permission for pictures of this teen to be placed on the Internet or used in publications.

\_\_\_\_\_  
Initials

### Parental Consent

I/We give these consents for medical care, travel, and religious participation for the above child freely and without coercion. I/We fully understand what is involved in this experience and the foregoing form, and I understand I have the opportunity to call the Youth and Young Adult Ministry and CYO Office (216-6525 ext. 1000), or St Peter Catholic Church with any questions I may have.

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

\_\_\_\_\_  
Date

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## In Case of Emergency:

\_\_\_\_\_  
Name, relationship Phone

If the above person can pick up your child in case of emergency, please initial here. \_\_\_\_\_  
Please give the name & relationship below of a second person Initial  
who can be contacted on behalf of your child.

\_\_\_\_\_  
Name, relationship Phone

## Physician Information:

\_\_\_\_\_  
Preferred Physician Phone

## Dental Information:

\_\_\_\_\_  
Preferred Dentist Phone

In the event reasonable attempts to contact the listed guardians have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by

## Insurance Information:

\_\_\_\_\_  
Insurance Company Policy Number Group Number (if necessary)

\_\_\_\_\_  
Child's Birth Date

## Allergies:

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

## Regular/Daily Medicines:

(attach additional sheets for more medicines)

_____ Medicine	_____ Dosage	_____ Frequency
_____ Medicine	_____ Dosage	_____ Frequency