

Consent for Medical Care, Travel & Religious Participation

St Peter Youth Group / St Peter Catholic Church

I/We, _____, the _____
of _____ (_____/_____/_____) relationship
Name(s) _____
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