PARENTAL AUTHORIZATION – YOUTH ACTIVITY

ST. GABRIEL THE ARCHANGEL ● 6 INTERLACHEN ROAD, HOPKINS, MN 55343 ● 952-935-5536

Event Name/Type STEUBENVILLE YOUTH CONFERENCE (HIGH SCHOOL YOUTH)

Destination of Event University of St. Thomas, St. Paul

Date(s) of Event July 27-29 **Time of Departure/Return** Fri. 2:00pm- Sun. 2:00pm

Individual in Charge Cindy Novak (952-540-4762, Cnovak@stgabrielhopkins.org)

Transportation carpool **Cost** $50 deposit required; Total cost up to $225

(fundraising may be available to offset some of the cost)

Youth & Family Information

Name of Youth:	Grade:
Address:	
Parent/Guardian's Name:	Home Phone:
Family/Contact Email:	Work/Cell Phone:

Emergency Contact

In the event of an emergency and you are unable to reach me, please contact the individual below:

Name:	Relationship:
Home Phone:	Work/Cell Phone:

Medical Information:

I hereby state that my son/daughter is in good health and can participate in all activities in this event, except as stated below.

Special Circumstances/medications:

I hereby AUTHORIZE any emergency treatment of my son/daughter that must be administered before I can be contacted. I wish to be advised as soon as possible of such treatment. I otherwise wish to be advised of any proposed medical treatment of my child prior to such treatment.

RELEASE: I grant permission for my child to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify St. Gabriel the Archangel and the Archdiocese of Saint Paul and Minneapolis from any claims or law suits brought against St. Gabriel the Archangel /Archdiocese of Saint Paul and Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and the Archdiocese in defense of such a claim/suit.

I, _____, grant PERMISSION for my son/daughter,
Parent or Guardian's name

_____, to participate in this St. Gabriel event.
Youth's name

Signed _____ ***Date*** _____
Parent or Guardian's signature

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MEDICAL MATTERS: Of the following statements pertaining to medical matters, sign only those that are applicable.

Medical Treatment: In the event it comes to the attention of St. Gabriel, its officers, directors and agents, and the Archdiocese of Saint Paul and Minneapolis, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are indicated on attached Prescription Drug & Medical Authorization Form.

Signature: _____ Date: _____

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

I hereby grant permission for **non-prescription medication** (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: St. Gabriel will take reasonable care to see that the following information will be held in confidence.

Insurance Company _____Family Health Plan carrier number _____

FamilyDoctor_____Phone Number _____

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.?

If so, date and disease or condition:_____

You should be aware of these special medical conditions of my child: _____

_____