

OFFICE OF YOUTH AND YOUNG ADULT MINISTRY
& St. Thomas More Church and St. Thomas More Youth Group
PARENTAL/GUARDIAN PERMISSION AND MEDICAL RELEASE FORM

I (we) the undersigned, hereby request that (our) child _____ attend and participate in the **Youth Group Breakfast at the Ronald McDonald House in Camden, NJ on February 28, 2009**. I (we) do agree to hold harmless the Diocese of Camden, the Office of Youth and Young Adult Ministry, or any agent or director thereof, St. Thomas More Church of Cherry Hill, St. Thomas More Youth Group and directors thereof from any and all liability, claims or demands and expenses of any nature for personal injury, sickness or death, as well as property damage incurred by the participant.

IN THE EVENT OF A MEDICAL EMERGENCY, I hereby give my permission for my child/ward to receive any medical treatment as deemed necessary by the attending physician/hospital. In the event of any other emergency, **I can be reached at:**

NAME: _____

ADDRESS: _____

PHONE # _____ CELL PHONE # _____

In the event of any other emergency, the following person is authorized to act on my (our) behalf, **if I (we) cannot be reached:**

NAME: _____

ADDRESS: _____

PHONE # _____ CELL PHONE # _____

RELATION TO PARTICIPANT: _____

OTHER INFORMATION:

Physician's Name: _____

Physician's Phone #: _____

Health / Hospitalization Plan: _____

Policy Number: _____

Please list any conditions, allergies, or other medical problems, which would be brought to the attention of those concerned:

Parent/Guardian Signature

Date

Participant's Signature *

Date

*** Please Note: If 18 years or over you MUST still complete the MEDICAL EMERGENCY Information section above.**