

CHRIST THE KING CATHOLIC CHURCH - CATHOLIC YOUTH MINISTRY

Master Permission Slip/Waiver of Liability
2008-2009

Participant's Name _____ Date of Birth _____

Parent/Guardian's Name _____ Home Phone _____

Address (street, city, zip) _____ Work Phone _____

*Emergency Contact (relationship) _____ Phone _____

***Emergency Phone may not be the same as parent/guardian.**

Health Insurance Co. _____ Certification # 1-800- _____
Group # _____ ID _____

Allergies _____ Serious illness/condition _____
Routine Medications and time to administer _____

I hereby grant permission to any staff person to provide the following over-the-counter drugs to my son/daughter if requested by my son/daughter (check all that apply)
 Tylenol Benadryl Advil Sudafed Midol Immodium Kaopectate Pepto Bismol
Neosporin Dramamine Other _____

I permit my son/daughter/ward, named above, to ride the bus, van or car operated by persons who may or may not be affiliated with the youth program of Christ the King Catholic Church, for all youth activities from July 1, 2008 to June 30, 2009.
I permit all medical treatment for the above named minor should it become necessary.
I understand the risks of injury to person and property inherent with vehicular travel.
I will hold harmless the Diocese of Little Rock, Christ the King Catholic Church, and its representatives and agents for any such injury, which may occur because of negligence during a youth activity.

I acknowledge that if any information changes I will notify the youth office

Parent/Guardian's Signature _____ Date _____

Participant's Signature _____ Date _____
(18 years of age or older must sign their own consent)

**** Please attach a copy of participant's insurance card.**