

ST. WILLIAM'S YOUTH MINISTRY

1351 Main Street, Tewksbury, MA 01876

978-851-7330

stwilliams.youth@gmail.com

Youth Group Permission Form

Name of youth attending: _____ Birth Date: _____

Parent/Guardian Name(s): _____

Phone Number(s) where parents can be reached: _____

Address: _____ City: _____ Zip: _____

Emergency Information:

Health Insurance: _____ Policy #: _____

Physician: _____ Phone #: _____

Secondary Emergency Contact: _____ Phone #: _____

Food, drug, or environmental allergies: _____

Please list any health issues of which we should be aware:

Please list any medications which your son or daughter takes (including over the counter medicines):

I give my son or daughter, whose name is stated above, permission to attend Youth Group sponsored by St. William's Parish. I further agree to indemnify and hold harmless the Roman Catholic Archdiocese of Boston (a corporation sole), its priests, parishes, employees, agents and volunteers, against any and all liability, costs, claims lost or damage which may result from any accident or injury. I also hereby fully authorize Jenn Brooks, St. William's Youth Minister, or any adult volunteer to seek for the youth named above any medical treatment during Youth Group if such attention is necessary or reasonable in the event an injury, accident or an illness manifests itself. I understand that reasonable efforts will be made to contact me before enacting this document.

Please also be advised that your son or daughter's name or photos may appear in the parish bulletin & other parish publications, i.e. the parish website.

Signature of Parent/Guardian: _____ Date: _____