

St. Katharine Drexel Youth Ministry
119 W. 7th Street
Kaukauna, WI 54130
skdyouth@yahoo.com

PERMISSION FORM

Event/Trip: _____
(Please state the destination or name of the event/trip your student is attending.)

Date(s) of event/trip: _____

My son/daughter/ward, _____,
grade _____, has permission to participate in the parish sponsored activity stated
above. This event/trip will take place under the guidance and supervision of employees
/ volunteers from Holy Cross Parish. We hereby release and save harmless Holy Cross
Parish, including its Youth Ministry and Faith Formation staff, and volunteers, from all
liability for any and all harm arising to my/our son/daughter/ward as a result of this
event/trip, as well as any property damage. I am totally responsible for my child's
health and have sufficient health insurance to cover any physical damage that may
occur during this activity.

Parent Signature _____ Date: _____

Home phone _____ Cell phone _____

Address _____
(street, apt. #, city, state, zip)

**Please also complete and sign this consent portion, authorizing emergency
treatment at any hospital or medical facility.**

I/We (parent(s)/guardian(s)) give permission to any hospital, doctor, or medical
personnel to treat and/or admit for care our child.

Parent Signature _____ Date _____

**Must also complete and sign the MEDICAL INFORMATION form
(reverse side).**

To register, return completed forms to the address shown at the top.

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MEDICAL INFORMATION

Student name _____ ()Male ()Female

Age _____ Grade entering in fall 2010 _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Emergency Phone _____

Family Physician _____ Phone _____

HEALTH STATUS: (Confidential)

Please list any health problems the student has (e.g., asthma, allergies, diabetes, seizures, etc.)

Please list any medication(s) student is taking _____

Date of last Tetanus Shot _____

Personal Medical Insurance Provider _____

Insurance Policy/Group # _____

PLEASE NOTE: We cannot allow anyone without personal medical insurance coverage to participate in the youth ministry trip/event. Special diets are the responsibility of the student and her/his parent/guardian.

Must also complete and sign the PERMISSION FORM (reverse side).

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