

Holy Trinity Youth Ministry Health Release Form - 2018/2019

501 Cherrywood Road - Louisville, KY 40207 - 897-5207

Attention: This form is due on Oct. 29, 2018 for Holy Trinity school students and Oct. 28, 2018 for GIFT students.
A new Health Release must be completed each year.
A copy of your child's insurance card (front & back) **MUST** be turned in with this form.

Please **PRINT** the following:

Name of Youth: _____ Date of Birth: _____

School: _____ Grade: _____ High School Graduation Year: _____

Parent/Guardian Names: _____

Parent's Email Address(es): _____

Street Address: _____ City: _____

State: _____ Zip: _____ Emergency Phone: _____

Alternate Phone: _____ Alternate Phone: _____

Family Physician Name: _____

Allergies: _____ Food Allergies: _____

Additional Medical Information: _____

My child may receive Ibuprofen or Acetaminophen: (circle one) YES NO

Permission to use my child's photograph(s) in Parish publications and/or on the website: (circle one) YES NO

I, _____ parent/guardian give my child, _____, permission to participate in the meetings, activities and outings sponsored by the Holy Trinity Youth Ministry program. I further give my permission for my child to ride in any vehicle designated by the adult in whose care my child has been entrusted while participating in sponsored activities. In consideration of permitting my child to attend and/or participate, I do hereby, for myself and my child waive and release any and all claims that I might have against the Director of Youth Ministry, Holy Trinity Parish and any designated leader or driver of a vehicle for any and all injuries or losses suffered by said child while engaged in sponsored activities. If my child requires emergency medical attention, I hereby give permission to the adult leader in charge to authorize treatment for my child as named herein.

➔ Signature of Parent/Guardian: _____ Date: _____

Please return form to Jill Greer in the Parish Office. It can be dropped off or mailed.