

Health Release Form/General Permission Slip
Holy Trinity Youth Ministry
501 Cherrywood Road Louisville, KY 40207 897-5207 ext.115
Please Print

Print Name of Youth: _____
Youth's Email Address: _____
Youth's Cell: _____
School: _____ **High School Graduation Year:** _____
Parent/Guardian Names: _____
Parent's Email Address(es): _____
Street Address: _____
City: _____ **State:** _____ **Zip:** _____
Home Phone: _____ **Emergency Phone:** _____
Birth Date: _____
Insurance Company: _____
Name of Policy Holder: _____
Policy Holder's SS# (optional): _____
Policy Number: _____
Family Physician: _____
Food Allergies: _____
Allergies: _____
Other pertinent medical information: _____

My child may receive Ibuprofen or Acetaminophen: Yes or No (please circle)

Permission to use my child's photographs in Parish publications and/or on the Youth Ministry website:
Yes or No (please circle)

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 Holy Trinity Youth Minister. Can be dropped off or mailed to Parish Office. Please return before your child participates in a youth ministry activity.