



St. Stephen Martyr Roman Catholic Church
Youth Group Permission Slip

Event: _____
 Date: _____

Name: _____ has my/our permission to attend _____ (Event) with St. Stephen Martyr Roman Catholic Church's youth group on _____ (Date).

Parent's Signature

AUTHORIZATION TO CONSENT TO TREATMENT OF MINORS

I/We, the undersigned parent, do hereby authorize adult workers with the youth of St. Stephen Martyr Catholic Church as agent(s) for the undersigned, to consent to any examination, x-ray, anesthetic, medical diagnosis or treatment which is deemed advisable by, and is rendered under the supervision of any physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Name of Parent/Guardian _____ E-mail _____
 Address _____ Zip _____
 Phone # _____ Emergency Contact Name & Phone # _____
 Youth's Birth Date _____ Youth's School _____ Youth's Grade _____
 Insurance Company, Policy #, Phone # _____
 Date of last tetanus shot _____

Medications: Please list all medications that your youth might have the occasion to use while participating in any youth function, this includes but is not limited to allergy medication, inhalers, migraine medicines, behavior modifying medications, etc. **This information will be kept confidential, but this form will be available for those leaders of the youth during emergency situations.**

While on this event, should your youth be allowed to have common pain reducing drugs? (Aspirin, Tylenol, Ibuprofen, etc.) Yes No If yes, which types _____
 Please list allergies (food, medicine, environmental) _____

What is taken	How it is taken	When it is taken	Why it is taken

Parent's Signature: _____