

Diocesan World Youth Day

Permission Form and Medial Release – Must be filled completely.

Teen's Name _____ Date of Birth _____
Address _____
City _____ State _____ ZipCode _____
E-Mail _____

PARENT/GUARDIAN

I, _____ (name), give permission to my above mentioned son/daughter to attend the World Youth Day Pilgrimage at St. Mary's Catholic Church in New Roads on October 23, 2011. If needed for health reasons, I give permission for my child to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice by appropriate health care personnel. I release Holy Rosary Roman Catholic Church, their core and St. Mary's core of all responsibility and/or consequences that may arise as a result of any injury suffered and resulting treatment. Further, I agree to accept any and all financial responsibility as a result of scheduling medical treatment.

My child agrees to abide by all the rules and regulations as listed by the Diocese of Baton Rouge and Holy Rosary Core. I understand that Holy Rosary Roman Catholic Church and St. Thomas More will not be liable if my child fails to cooperate with regulations, and that any infraction of the rules may result in immediate dismissal from St. Mary's Catholic Church's premises.

Signature of Parent/Legal Guardian Date

Family Physician _____ Telephone _____

Allergies _____
Current Medications _____
Medical History _____

IN CASE OF AN EMERGENCY, PLEASE CONTACT:

Name _____ Name _____
Address _____ Address _____

Home Phone _____ HomePhone _____
Work Phone _____ Work Phone _____

-
- ONE FORM MUST BE COMPLETED BY EACH PERSON ATTENDING.
 - We will leave Holy Rosary at 12:00 pm and return around 7:00 pm.
 - Call youth office at 647-5321 or drop off your permission slip at PSR, church, or mail to Holy Rosary Youth Office

44450 Hwy 431
St. Amant, LA 70774