

**OFFICE OF EVANGELIZATION AND CATECHESIS  
Roman Catholic Diocese of Albany**

**ACTIVITY/PROGRAM PERMISSION & MEDICAL CONSENT FORM**

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_,  
(Name of Parent or Guardian) (Name of child/youth)

a child/youth at Immaculate Conception Parish, hereby grant permission for the above child/youth  
to attend \_\_\_\_\_ at \_\_\_\_\_  
(Type of Activity/Program) (Location)

with \_\_\_\_\_ on \_\_\_\_\_ from approximately  
(Name of Catechist/Youth Minister)  
\_\_\_\_\_ to \_\_\_\_\_, and I consent to his/her participation in this off-site activity or

program. I understand that my child/youth will receive transportation to/from this activity by  
\_\_\_\_\_  
(Means of Transportation)

I authorize the employees, representatives and chaperones of Immaculate Conception Parish to obtain emergency medical treatment, should it be necessary, during my child's attendance and participation in the above program.

I understand that I will be notified immediately should it become necessary to obtain emergency treatment. The person(s) who should be notified and contact information is:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

I fully understand what is involved in this trip/activity, and I understand that I have the opportunity to call the catechist/youth minister and ask him/her about the trip/activity.

In case of an emergency, I can be reached at: \_\_\_\_\_

*A Christian Community in the Roman Catholic Tradition*

IMMACULATE CONCEPTION CHURCH ~ P. O. Box 269, Hoosick Falls, NY 12090 ~ Phone 518/686-5064 ~ Fax 518/686-1625  
E-mail Immconcept@roadrunner.com

ST. GEORGE CHURCH ~ 101 Factory Hollow Road, Valley Falls, NY 12185 ~ Phone 518/663-8378  
ST. MARY'S ACADEMY ~ 4 Parsons Avenue, Hoosick Falls, NY 12090 ~ Phone 518/686-4314 ~ Fax 518-686-5947  
ST. MARY'S CEMETERY ~ P. O. Box 269, Hoosick Falls, NY 12090 ~ Phone 518/686-5064 ~ Fax 518/686-1625

MEDICAL INFORMATION (Please print or type)

Allergies:

\_\_\_\_\_  
\_\_\_\_\_

Required Medication(s) (Please indicate dosages, frequency, etc.)\_\_\_\_\_

\_\_\_\_\_

Special Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Date of Last Tetanus Booster: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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YOUTH AGREEMENT

I agree to abide by all rules and regulations decided upon by Immaculate Conception Parish and the leadership of the event. I understand that neither the parish of Immaculate Conception nor the leadership personnel of the event will be held liable if I fail to cooperate with said regulations and that any infraction of the rules may result in immediate dismissal from the event. I also understand and agree that I will notify my parent or guardian at the time of any violations requiring my dismissal from the program/activity and that I will be sent home at my own and/or parent's/guardian's expense.

\_\_\_\_\_  
Signature of Youth Participant

\_\_\_\_\_  
Date

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