

**St. Patrick Parish**  
**Parental Consent Form**

Activity: **Youth Lock-in**

Name of Minor \_\_\_\_\_ Date of Birth \_\_\_\_\_

Medical Information:

Dietary Restrictions \_\_\_\_\_

Allergic Reactions \_\_\_\_\_

Present Medications \_\_\_\_\_

Date of Last Tetanus \_\_\_\_\_

Past illness or other information useful in treatment: \_\_\_\_\_

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Parent or Legal Guardian: \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Emergency contact **if Parent is unavailable:** \_\_\_\_\_

Any other numbers: \_\_\_\_\_

**Permission statement:**

I give permission to the adult leaders to give my child **non-prescription** medications such as cough drops, Tylenol etc.

I grant permission to the adult leaders to act on my behalf for said minor in granting permission for evaluation and treatment of medical problems. I understand that should a major medical problem arise, an attempt will be made to notify me by telephone. In the event that I cannot be reached, I hereby give my consent to such treatment as deemed necessary (including surgery, X-ray examinations and anesthesia to be rendered to said minor by a licensed physician, nurse).

Further, I release the Diocese of Nashville, St. Patrick Parish, staff and leaders from any claims connected with participation of said minor in this event.

\_\_\_\_\_ Yes, I would like to volunteer as a chaperone during the event.

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signed: (Parent or Legal guardian)