



## ACTIVITY/PROGRAM PERMISSION & MEDICAL CONSENT FORM

### Church of St, Mary at Clinton Heights, East Greenbush, NY

I, \_\_\_\_\_, the parent or guardian of, \_\_\_\_\_  
(name of parent/guardian) (name of youth participant)

A child/youth at the Church of St. Mary at Clinton Heights Parish, hereby grant permission for the above child/youth to attend the **Vacation Bible Camp** at the Church of St. Mary at Clinton Heights, East Greenbush, NY on **Tuesday, August 3, 2021 through Thursday, August 5, 2021 from 9:00 am -12:00pm (noon)**, and I consent to his/her participation in this on site, indoor and outdoor, activities and program.

I understand that I am responsible for my child/youth arrival/drop off and departure/pickup.

I authorize the employees, representatives and chaperones of the Church of St. Mary at Clinton Heights to obtain emergency medical treatment, should it be necessary, during my child's attendance and participation in the above program.

#### EMERGENCY CONTACT

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

I understand that I will be notified immediately should it become necessary to obtain emergency treatment. If I can not be reached, the person(s) who should be notified and the telephone number(s) are:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ and \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ and \_\_\_\_\_

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

**(over)**

10/01/2009

**MEDICAL INFORMATION** *(please type or print)*

Allergies: \_\_\_\_\_

Required medication *(please indicate dosages, frequency, etc.)* \_\_\_\_\_

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

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

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

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

Date of last tetanus booster: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**YOUTH AGREEMENT**

I agree to abide by all rules and regulations decided upon by the parish of Church of St. Mary at Clinton Heights and the leadership personnel of the event.

I understand that neither the parish of Church of St. Mary at Clinton Heights 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/guardian expense.

\_\_\_\_\_  
Signature of youth participant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

10/01/2009