

**ST. FRANCIS XAVIER PERMISSION FORM  
PARENTAL/GUARDIAN CONSENT AND LIABILITY WAIVER**

PARTICIPANT'S NAME: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

ADDRESS/CITY/STATE/ZIP: \_\_\_\_\_

HOME PHONE: WORK PHONE: CELL, \_\_\_\_\_

In the event of an emergency and if you are unable to reach me at the above numbers, please contact:

NAME/RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

I, (name of parent or guardian) , grant permission for my child, \_\_\_\_\_  
to participate in \_\_\_\_\_, **Date:** \_\_\_\_\_

In the event of an emergency, I authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any licensed physician or licensed dentist 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. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this -authorization. Should it be necessary for my child to return home due to medical reasons or otherwise, the undersigned shall assume responsibility for transportation and/or incurred transportation costs. The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the St. Francis Xavier Youth Ministry Office. I will not hold the Archdiocese of Louisville, St. Francis Xavier Parish, youth coordinator, or chaperones associated with the event responsible in the event of injury.

INSURANCE COMPANY: \_\_\_\_\_

POLICYNUMBER: \_\_\_\_\_ Group ID # \_\_\_\_\_

PARENT/GUARDIAN'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

-----  
**Please list any allergies or special medical problems your child may have:** \_\_\_\_\_

\_\_\_ **I give my permission to administer over the counter medication: (advil, tylenol, cold medicine, etc)**

\_\_\_ Promotional Release Form on file