

**Youth
Ministry
Permission
and Medical
Release Form**



St. Luke the
Evangelist
Catholic Church

Office of
Youth Ministry
12333 Bayleaf
Church Road
Raleigh, North
Carolina 27614
(919) 848-1533

Office Use Only

Paid \$ _____
Check # _____
Date Received _____

Dear Parent/Guardian:

Your son/daughter is eligible to participate in the following activity that may require transportation to a location away from the parish site. This activity will take place under the guidance of adults from the parish of St. Luke the Evangelist and the Diocese of Raleigh. A brief description follows:

Activity: Vita Nova Lock-In
Location: St. Luke the Evangelist & Adventure Landing
Date: September 30-October 1 (Friday-Saturday)
Time: 6pm-7am
Cost: \$30

In order for your child to participate in this event, please complete, sign and return the following statement of consent and release of liability, medical information and release form, and contact information. Additional release forms may be required from participating vendors or companies, and will be provided to you prior to the trip for completion and return.

Personal Contact Information

Name of child/youth: _____

Address: _____ City/State/Zip _____

Home Phone Number: _____

Parent/Guardian Name: _____

Daytime/Cell Number of Parent/Guardian: _____

Parent Email: _____

Statement of Consent & Release of Liability

- I understand that as a parent/guardian, I remain fully responsible for any liability that may result from personal actions taken by my son/daughter.
- If my youth brings or uses any drugs, alcohol, weapons, or tobacco products or engages in reckless or violent behavior, I will be expected to retrieve my son/daughter from the event at my own expense.
- I hereby consent to the participation of my youth in the above-described event. I further consent to the conditions stated above regarding participation in this event, including the method of transportation.
- I release the Diocese of Raleigh, St. Luke the Evangelist Catholic Church, and their agents and volunteers from any injuries which may be incurred by my youth.
- I give permission for my child, in case of emergency, to be taken to a physician or hospital by either and adult leader, diocesan or parish personnel. I understand that every effort will be made to contact me. If I cannot be reached, however, I hereby give permission to the physician selected by the adult in charge, to hospitalize and secure proper treatment, including surgery, for my son/daughter.

Parent/Guardian Signature _____

Date _____

Medical & Emergency Contact Info

Please Print Clearly

Any allergies, medical, physical, or dietary restrictions/requirements:

Is student capable of strenuous activity?
Yes No

Medications presently taking:

Medical Insurance Company

Policy # _____

Emergency Contact (other than parent):

Name _____

Phone Number _____