

**St. Leo's Parish Community  
Combined Permission and Health Form**

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

**Contact Information**

Parents/Guardians Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

email address: \_\_\_\_\_

Phone Numbers of Parent/Guardian:

Home: \_\_\_\_\_ Mobile #1: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Work #1: \_\_\_\_\_ (\_\_\_\_\_) Mobile#2: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Work #2: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ name

If Parents are not available, contact the friend/relative named below:

Name: \_\_\_\_\_

Phone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**Permission to Pick up your Child**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature of Parent or Guardian**

**PARENTAL/GUARDIAN CONSENT:** I, the undersigned parent/guardian of (your child's name) \_\_\_\_\_, a minor, hereby release and agree to hold harmless St. Leo's Parish Community or any of it's facilitators, chaperones, or persons connected with the parish from any liability, claims or damages for personal injury or property loss/damage which may occur during a religious education program, youth group gatherings, or on a youth trip.

**TRANSPORTATION:** I also give my permission for St. Leo's parish volunteers to provide transportation to and from youth events when my child is a participant. I understand I will be notified before the event or trip. \_\_\_\_\_ (initial if agreed)

**USE OF PHOTOS:** I give St. Leo's Parish Community permission to use photos or videos of my child taken during program activities for St. Leo's promotional purposes on the web page and in the media. \_\_\_\_\_ (initial if agreed)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(valid for one year - through September 1<sup>st</sup> of the following year)

**Allergies / medical conditions**

ALLERGIES: Please list all known allergies, including how the child has been treated and with what medication.

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MEDICAL CONDITIONS: I hereby warrant that, to the best of my knowledge, my child is in good health and able to participate in all program activities. Please list all known medical conditions including limitations and/or conditions of which we should be aware of.

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**AUTHORIZATION FOR MEDICAL TREATMENT:** I hereby authorize the treatment, administration of anesthesia, and surgical treatment for my minor daughter/son (child's name) \_\_\_\_\_ in the event of a medical situation occurring during my absence or when the hospital or physician(s) and nursing personnel within the physician's staff where treatment is rendered in the physician's office. I release from medical responsibility and liability, the hospital, physician(s) and nursing personnel for performing medical procedures acting on the authority of this medical treatment consent form which such medical providers deem necessary for my minor child.

**Physician/ Insurance Information**

Physician: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Family Health Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Health Ins. Address \_\_\_\_\_  
Health Ins. Phone No. \_\_\_\_\_

**Additional information:**

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