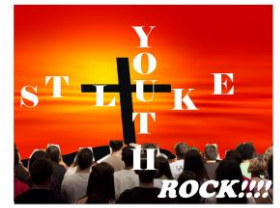




St. Luke the Evangelist Catholic Church  
**YOUTH MINISTRY**



5605 Cloverly Avenue, Temple City, CA 91780 ♦ (626) 291-5900 ext. 247 ♦ youth@stluketemplecity.org

## Permission Slip

I give my daughter/son \_\_\_\_\_ permission  
 Name- (Please print clearly.)

To participate in the following event:

*Youth Day 2012* *Thursday, March 22, 2012 6am-5:30 or 6pm*  
 \_\_\_\_\_  
 Name of event Date & Time

Chaperones Include: *Ivonne Melendrez, Eduardo Melendrez, & other adults*  
*Emergency only Cell phone number: 626-827-9841*

Should it be necessary for my child to have medical treatment while participating in this event, I hereby give the Saint Luke Youth Ministry/Confirmation/Junior High personnel permission to use their judgment in obtaining medical service for my child and give permission to the physician selected by the Saint Luke Youth Ministry/Confirmation/Junior High personnel to render medical treatment deemed necessary and appropriate by the physician. As a condition of being allowed to participate in the above event, I hereby release and discharge the Church from any and all claims for personal injuries or property damage that my son/daughter may suffer as a result of participation in the above mentioned event, whether or not such injuries or damage are caused by the negligence (active or passive) of the church employees or volunteers.

I understand that any insurance benefits that are effective have limited application.

\_\_\_\_\_  
 Parent or guardian signature Date

\_\_\_\_\_  
 Address telephone number (work and phone)

A second person that may be contacted in the event that both parents cannot be reached:

\_\_\_\_\_  
 Name (Please print.) Telephone number

Medical information:

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

Medical Problems: \_\_\_\_\_



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2011-2012 EMERGENCY/DISASTER RELEASE  
 PERMISSION TO PARTICIPATE FORM

Family Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Names:	Grade:	Student Names	Grade:
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1. _____	_____	3. _____	_____
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2. _____	_____	4. _____	_____
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Father's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Work Hours: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Work Hours: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

List 4 Adults (other than parents) you authorize to pick up child in case of emergency:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relation: \_\_\_\_\_

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while the minor is in attendance at these activities.

Do you have health insurance? \_\_\_ No \_\_\_ Yes

Name of Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group#: \_\_\_\_\_

In whose name is the Insurance Policy under? \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Tel.#: (\_\_\_\_) \_\_\_\_\_

Please list any chronic condition or illness: (i.e. allergies, epilepsy, medications/dosages, special needs, disabilities, or none if no condition/medication)

Student name	condition/medication (state for each student)
_____	_____
_____	_____
_____	_____
_____	_____

**Authorization to Consent to Emergency Medical Care and Waiver & Release Form**

**Student Names:**

1. _____	3. _____
2. _____	4. _____

I/We, the legal guardian(s) of the above named minors, give permission for the above named minors to participate in the Youth Ministry programs and events sponsored by St. Luke Church which includes the senior high program, Youth Ministry, and the junior high social program, between the dates of March 22, 2012. Should it be necessary for my child to have medical treatment while participating in this program, I hereby give the St. Luke Church Youth Ministry personnel permission to use their judgment in obtaining medical service for my child and give permission to the physician selected by the Youth Ministry supervisory personnel then present, to render medical treatment deemed necessary and appropriate by the physician.

As a condition of being allowed to participate in the Youth Ministry programs, I/We hereby release, discharge, indemnify and hold harmless the Archdiocese of Los Angeles and its constituent organizations, including, but not limited to St. Luke Church and their officers, agents, and employees, from any and all claims for personal injuries, property damage, or indebtedness for medical treatment expenses that I/we or my child(ren) may suffer as a result of this arrangement whether or not such injuries, damage, or indebtedness are caused by negligence (whether active or passive) of any of the entities or individuals named or described above.

I/We agree that in the event the minor is injured as a result of his/her participation in the program, including transportation to and from these activities whether or not caused by the negligence (active or passive) of the parish, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, or related costs and expenses will first be had against any accident, hospital, or medical insurance, or any available benefit plan of mine or of my spouse. I am not aware of any medical condition of my child(ren), which would render the program inappropriate for them to participate in.

Signature of Parent/Guardian	Printed Name of Parent/Guardian	Date
Signature of Parent/Guardian	Printed Name of Parent/Guardian	Date