



Consent & Health Form
St. Thomas Aquinas Youth Group
October 1, 2013-July 30, 2014

Please Note: Your signature at the end indicates your consent and acceptance of the provisions included in this document.

Name: _____
Parish/School _____ City _____
Sex: _____ Age _____ Home Phone () _____
Mailing Address: _____
City, State & Zip _____
Emergency Contact/Phone No.: _____

RELEASE AND HOLD HARMLESS – to be completed by parent or guardian of minor (youth under age 18) As parent or guardian for _____, I hereby grant permission for him or her to participate in St. Thomas Aquinas, Youth Group at St. Thomas Aquinas, Flatlands, Brooklyn. I understand that participation in this program may involve some risks despite the best efforts of the diocesan and parish/adult leaders and volunteers to supervise the participants and I agree to pay for any damages my child may incur or cause. I agree to hold the high schools, the parishes, the Diocese of Brooklyn and all of their employees or volunteers harmless from any and all liability however caused which may result from my child's participation in the program and/or traveling to and from the program. I give permission to have my child's photo taken at events and meets to be used for publicity purposes by St. Thomas Aquinas or the Diocese of Brooklyn.

I authorize the diocesan and parish/adult leaders and volunteers involved with this program to obtain any emergency medical treatment which my child might require in connection with this program.

HEALTH INFORMATION – to be completed for all youth

Family Health Insurance Co.: _____ Policy No. _____

Physician or Clinic: _____ Phone: _____

Physician/Clinic Address: _____

Immunizations: Please provide date of latest tetanus immunization: _____

Allergies: Please attach a statement noting all known allergies including how the child has been treated and with what medication. If medications are needed occasionally or regularly, please send them with your child in case of need.

SIGNATURE OF PARENT OR GUARDIAN OF MINOR (YOUTH UNDER AGE 18)

I certify that the above information is correct and give permission for my son/daughter to participate in St. Thomas Aquinas Youth Group. I also grant permission for the release of my child's medical records to an attending physician in case of illness. I fully understand the consequences of the foregoing statements and sign this form knowingly, freely, and willingly. (Your signature must appear below or your child will not be permitted to participate in the St. Thomas Aquinas Youth Group.)

Parent/Guardian's Name (Please print) _____

Signature: _____ Date: _____