



**St. Elizabeth of Hungary High School Youth Ministry
Serving Youth in Acton, Boxborough and Beyond**

**Mississippi Mission Trip
July 5-11, 2009**

Parent/Guardian Release and Consent Form

This form must be signed and turned in to the St. Elizabeth of Hungary Parish Center before June 1, 2009. We cannot allow anyone to participate in this trip without all of the forms completed.

Name of Participant: _____

In case of an emergency, please notify: _____
(Name) (Relationship to Participant)

(Day Phone) (Evening Phone) (Cell Phone)

Are there any limitations to the activities of which the participant can take part?
Yes_____ No_____ If yes, please explain: _____

I, _____, give permission for the above named participant to be involved in the Youth Ministry Mission trip to Mississippi. I give permission for the above named participant to be transported in privately owned and/or public vehicles/public transportation throughout the duration of the mission trip.

I, _____, give permission for the above named participant to use power tools during the Youth Ministry Mission trip to Mississippi.

In case of medical emergency, I understand that a reasonable effort will be made to contact the emergency contact listed on this form. In the event that this person contact cannot be reached, I give permission for the above named participant to be evaluated, diagnosed, treated and/or medicated by licensed medical personal. In addition, I give permission for the release of any medical records that I provided to St. Elizabeth of Hungary Parish to medical personnel.

I hereby release and discharge the Roman Catholic Archdiocese of Boston, a Corporation sole, its agents, servants and employees and all priests incardinated to the Roman Catholic Archdiocese of Boston, St. Elizabeth of Hungary Parish staff and/or volunteers that work with youth ministry, from any and all claims and liabilities which the undersigned had, now has or may hereafter have against such parties, especially with respect to claims for personal injury or personal property damage incident to this event and any medical care or treatment provided.

I have read the foregoing, understand, and agree to the same.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



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Medical Information

Name of Participant: _____

Date of Birth: _____ Male: _____ Female: _____

EMERGENCY INFORMATION: Family Physician or Clinic:

Name: _____ Emergency Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Insurance Company: _____

Policy Carrier: _____ Policy Number: _____

*******MUST ENCLOSE A COPY OF MEDICAL CARD*******

Is there anything about the participant's health that we should be aware of such as:

_____ Diabetes _____ Fainting Trouble _____ Seizure Activity
_____ Heart Problems _____ Migraines _____ Bleeding Disorders
_____ Asthma _____ Severe Allergic Reactions (Bee Sting/Food/other)
_____ Other health issues we should be made aware of _____

If any of the above is checked, please submit a statement of how the person has been treated and with what medication(s) – (epi pen, inhaler, insulin shots, pills, etc.)

The participant **is or may be** allergic to (food, insect bites, medications, pollen, nuts, etc.):

The participant must take the following medications: (please indicate dosage, frequency, reason for medication etc.): _____

PLEASE BE ADVISED THAT WE CANNOT DISPENSE MEDICATION

Immunization History: Please give dates of last shots:

Tetanus: _____ MMR: _____

Signature of Parent/Guardian/Participant 18 years old or older

Date