

Health Release Form/General Permission Slip
Holy Trinity Youth Ministry Program
501 Cherrywood Road Louisville, KY 40207 897-5207 ext.141
Please Print

Printed Name of Child: _____

Child's Email Address: _____

School: _____ **High School Graduation Year:** _____

Parent/Guardian Names: _____

Parent's Email Address(es): _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Emergency Phone:** _____

Birth Date: _____ **Social Security Number:** _____

Insurance Company: _____

Name of Policy Holder: _____

Policy Holder's SS#: _____

Policy Number: _____

Family Physician: _____

Allergies: _____

Other pertinent medical information: _____

I, _____ parent/guardian give my child, _____, permission to participate in the meetings, activities and outings sponsored by the Holy Trinity Youth Ministry program.

I further give my permission for my child to ride in any vehicle designated by the adult in whose care my child has been entrusted while participating in sponsored activities. In consideration of permitting my child to attend and/or participate, I do hereby, for myself and my child waive and release any and all claims that I might have against the Director of Youth Ministry, Holy Trinity Parish and any designated leader or driver of a vehicle for any and all injuries or losses suffered by said child while engaged in sponsored activities.

If my child requires emergency medical attention, I hereby give permission to the adult leader in charge to authorize treatment for my child as named herein.

Signature of Parent/Guardian: _____ **Date:** _____

Subscribed and sworn to before me by _____

This _____ day of _____

Notary Public, State at Large, Kentucky