

Saint Catherine Youth Ministry Office
107 North Main Street, Westford, MA 01886
978-692-5435

Permission and Liability Waiver
Name of Event: _____ Date(s): _____

My teen, _____ has my permission to participate in the above-mentioned event as sponsored by St. Catherine Youth Ministry Program, and to be driven to and from the event in non-parish vehicles. I am aware that during this and any event, certain risks and dangers may occur which are out of control of the youth ministers. I understand that neither St. Catherine Youth Ministry Program, nor any of its agents are responsible for any injury sustained by my teen. I accept responsibility for any medical expenses as a result of any sustained injury.

Parent or Guardian's Signature: _____ Date: _____

Medical Release

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. This release is valid only for the above-mentioned event on the specified dates. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent or Guardian's Signature: _____ Date: _____

Phone (H): _____ Other (specify): _____

Youth's Name: _____ Date of Birth: _____ Grade: _____

Address: _____

Insurance Co.: _____ Policy : _____ Phone: _____

Physician: _____ Phone: _____

Specific medical allergies, chronic illnesses, or other condition we should be aware of that may impact participation in above listed event(s):

Is your child currently taking any medications? If so, please indicate dosage, frequency, etc.

Immunization history: (dates of last shot) Tetanus: _____ DPT: _____ PPD (TB): _____

Another person to contact if parent cannot be reached in case of emergency:

Name: _____

Home Phone: _____ Alternate Phone: _____