

**DIOCESE OF BELLEVILLE  
YOUTH MINISTRY  
PERMISSION AND CONSENT FORM**

My son/daughter, \_\_\_\_\_ (child's name), has my permission to travel:

I further understand and agree that I assume full responsibility for any loss or damage to property or for bodily injury to others, caused by the above named child, whether by accident or intent.

It is further understood that I assume full responsibility for payment of any medical expenses incurred by the child due to any illness or injury incurred during the above-described activity.

I have read the above form; I fully understand the Agreement and consent to its terms. (PLEASE SIGN BELOW)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Emergency Phone Number

## HEALTH INSURANCE INFO

In the event of any emergency and the parent or guardian cannot be reached, do you grant us permission to administer any necessary medical treatment to the above named child?

\_\_\_\_\_ yes                      \_\_\_\_\_ no

Is the child allergic to anything? \_\_\_\_yes \_\_\_\_no

if yes, please list:

Does the child have any medical condition? \_\_\_\_yes \_\_\_\_ no

If yes, please list:

Is the child taking any medications? \_\_\_\_yes \_\_\_\_no

if yes, please list:

Name of health care provider: \_\_\_\_\_

Plan number: \_\_\_\_\_

Plan sponsor: \_\_\_\_\_

Name of insured: \_\_\_\_\_

Thank you.