TEEN PERMISSION FORM

For Teens in Grades 6-12

OUR LADY OF THE ASSUMPTION CHURCH
LATHAM, NY
PARISH RELEASE & CONSENT FORM

Activity:	**Saint Nicholas's Workshop**
Date:	**Saturday, December 3, 2022**
Time:	**12noon-4:30pm or until cleaned up!**
Location:	**OLA**

Name_____ Age _____ Grade_____

Parent/Guardian:

I, _____, give permission for my son/daughter

_____, to attend the above mentioned event, and if needed, to be evaluated, diagnosed, treated, and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve the parish of Our Lady of the Assumption of all responsibility and consequences that may arise as the result of this treatment. I will not hold Our Lady of the Assumption Parish or chaperones or representatives responsible in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment.

My child agrees to abide by all rules and regulations decided upon by the parish. If my child fails to abide by such rules he/she may be dismissed from the activity and I will be responsible for his/her transportation home.

X_____ _____
Signature of Parent or Guardian **Date**

Youth:

I, _____, understand and agree to the rules and regulations as determined by Our Lady of the Assumption Parish and the destination point. I understand that I may be dismissed and sent home if I do not abide by the given rules.

X_____ _____
Signature of Youth Participant **Date**

Youth email address: _____ Youth cell phone or home phone# _____

Medical Information:

Allergies _____ Required Medications _____
Special Medical Conditions _____ Last Tetanus Booster _____
Insurance Carrier _____
In case of emergency, parents/guardians may be reached at phone # _____