



**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 2, 2023  
**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 # \_\_\_\_\_