

**Parental Permission Form
Boxtopia: Sleep Out for Hunger**

Friday, October 27 - Saturday, October 28, 2023

Participant's Name _____

Address _____ City _____ Zip _____

Date of Birth ___/___/___ Sex: _____ Male _____ Female

Check one:

_____ My child will be participating from 7pm on Friday through 7am on Saturday.

_____ My child will be participating from 7pm – 10pm on Friday only.

I hereby give permission for my child _____ to participate in the Boxtopia: Sleep Out for Hunger at Immaculate Conception Parish.

As a parent, or legal guardian, I am aware that I remain fully responsible for any legal responsibility which may result from any personal actions taken by my child. I hereby give consent for my child to participate in the event describe above. I understand that this event will take place outside in the parking lot and that my child will be under the supervision of Immaculate Conception Parish Employees and Volunteers, Denise York and Sarah Crowe, on the stated dates.

I recognize and acknowledge that there are risks in my child's presence and participation in the Boxtopia: Sleep Out for Hunger on October 27-28, 2023. I agree to indemnify, hold harmless, waive and relinquish all claims I may have against Immaculate Conception Parish and the Diocese of Buffalo including any negligence claims on their part and its officers, agents, employees, representatives or volunteers arising out of the transportation to and from the event, or in connection with any claims arising out of or caused by any activity my child participates in during the event.

Signature of Parent/Guardian

Date

Image Release

Parents and guardians of Junior High Youth Ministry participants are advised that photographs or video tape of program participants may be used in publications, web sites, social networking sites, brochures, flyers or other promotional materials produced from time to time by Immaculate Conception Youth Ministry. Participants will not be identified without the specific written consent of parents. Parents or guardians who do not wish their child to be filmed or video taped should notify the Director of Youth Ministry in writing.

By signing below I consent to have my child identified in publications, web sites, brochures, flyers or other promotional material.

Parent Signature: _____

Date: _____

Please complete the health form and permission to treat on the other side of this form.

Health Form and Permission to Treat

Is this participant in good health and able to participate in all normal youth group activities?
_____ Yes _____ No (If not, submit a statement indicating limitations.)

Please give date of most recent physical examination, Date: ___/___/___

Name of Family Physician or Clinic: _____ Phone _____

Address _____ City _____ Zip _____

Allergies (Write YES or NO next to each)

Hay Fever _____	Asthma _____	Penicillin _____	Convulsions _____
Fainting _____	Poison Ivy _____	Sulfa _____	(Degree) _____
Bee Sting _____	Other _____		

If any of the above are yes, please state below how the child has been treated and with what medication.

List all medications, directions for dispensing and purpose of the medication:

List any operations or serious injury:

In signing this application, I hereby certify that the above information is correct and give permission for the release of my child's medical records to an attending physician in case of illness or injury. In case of medical emergency, I understand that every effort will be made to contact parents or guardian of participants. In the event that I cannot be reached, I hereby give permission to the physician selected by the program director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named herein.

Signature of Parent /Guardian _____ Date _____

Family Health Insurance Company _____

Policy number _____

Telephone Numbers during the program:

Mother's Name: _____
Phone numbers: work _____ home _____ cell _____

Father's name: _____
Phone numbers: work _____ home _____ cell _____

Alternate Contact:

Name: _____ Relationship: _____

Phone number: _____