

St. George and St. Julie Billiart Youth Ministry Parental Consent
from September 1, 2022, to August 31, 2023

Youth Participant's Full Name: _____ T-Shirt Size: _____
Date of Birth: _____ Academic Year: _____
Email Address: _____ Home Phone: _____
Youth's Cell: _____

General Permission

I, the Parent/Guardian, _____ of the above-named youth participant, grant my permission for him/her to participate in the various programs and activities of St. George and St. Julie Billiart Youth Ministry. These various programs and activities will take place under the guidance and direction of employees and/or volunteers of St. George and St. Julie Billiart Parishes and/or the Archdiocese of Chicago.

Medical Permission

Insurance Carrier: _____
Policy Number: _____
Group Number: _____
Insurance ID Number: _____

During any program and/or activity sponsored by either St. George or St. Julie Billiart Youth Ministry and/or the Archdiocese of Chicago, I give permission to the adults in charge of the programs and/or activities to consent to emergency medical or surgical treatment for the above-named youth participant in the event I, or my listed emergency contact, is not reachable.

Medication & Food Allergies: _____

Current Medications Being Taken: (If none, so state)

Physical Limitations:

*Please attach a clear description to this form of any other special medical condition(s) pertaining to this youth that have not been addressed above.

PROMOTIONAL RELEASE: I also consent to the use of any videotapes and/or photographs in which my son/daughter may appear by the Archdiocese of Chicago and/or St. George and St. Julie Billiart Parish Youth Ministry. I understand that these materials may be used for promotion of youth ministry programs and/or activities, which may include recruitment and fundraising efforts.

Consent for all the Above

Youth Participant's Signature: _____

Parent/Guardian Signature: _____ Date: _____

Emergency Contact's Name: _____ Phone: _____