

Parental Authorization {for CCD/CYO Event}

I, _____ request that my child(ren), _____, be permitted to participate in _____. I understand that the event will begin by meeting at _____ on _____ at _____ and returning by _____.

In consideration for permitting my child to participate in this activity, I _____ agree on behalf of my child _____ and myself, our heirs, executors and personal representatives to release and hold harmless the parishes of Sacred Heart ~ St. Augustine ~ St. James, the Roman Catholic Archdiocese of Kansas City in Kansas, their officers, directors and agents, employees, chaperones and official representative from any and all liability, claims, loss or damages arising from or in connection with my child's participation in this youth activity. To the best of my knowledge, my child is in good health and is physically able to participate in the is activity.

Parent/Guardian Signature _____ Date: _____

Phone #: _____ Cell #: _____

Emergency Contact: _____

Emergency Contact Phone #: _____

Student Allergies: _____

Regular Medications: _____

My child may be given OTC medications such as Tylenol, Tums, etc.: Y N

PHOTO RELEASE:

I also give my permission for my child to be photographed and photos to be used on the NEKansasCatholics Webpage/Facebook page. Parent/Guardian Initials: _____

If you have any questions, please contact Gina at ~ cell # 785-285-0590/
gina@nekansascatholics.org.