

# 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: \_\_\_\_\_  
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If you have any questions, please contact Gina at ~ cell # 785-285-0590/  
[gina@nekansascatholics.org](mailto:gina@nekansascatholics.org).