

**OUR LADY OF GOOD COUNSEL HIGH SCHOOL YOUTH MINISTRY
PERMISSION AND EMERGENCY INFORMATION FORM**

Name: _____ Date of Birth: _____
Address: _____

I give my son/daughter permission to attend the Youth Ministry trip to:

Six Flags Catholic Youth Rally May 15th 7:30 am to 10 pm

Furthermore, in the event that my student becomes ill and requires medical attention of any kind, and a family member cannot be reached, I hereby authorize an agent of Our Lady of Good Counsel Parish to make the necessary decisions concerning emergency treatment. I also give permission for my child to be transported to the nearest medical facility or hospital for treatment.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

Who can we notify in case of an emergency?

Contact: _____ Phone: _____

Relationship: _____

Please list any allergies to medication or food: _____ None: _____

Please list any medication you take on a regular basis: _____ None: _____

Is there any other health/physical information we should know about your youth?

Family Physician Name: _____ Phone: _____

Medical Insurance Company Name: _____

Policy # _____ Group # _____

T- Shirt Size (*if applicable for this event*): S M L XL