

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

Name: _____ Date of Birth: _____
Address: _____

I give my student permission to attend the following Youth Ministry event:

Diocesan Youth Conference, St. Elizabeth University 11/5/23 from 10am-5pm

Furthermore, in the event that my child 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 to be taken during this event: _____ None: _____

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

Family Physician Name: _____ Phone: _____

Medical Insurance Company Name: _____

Policy # _____ Group # _____

T- Shirt Size: S M L XL