

Permission Form & \$50 DUE FEBRUARY 4

OUR LADY OF GOOD COUNSEL GIFT MINISTRY PERMISSION AND EMERGENCY INFORMATION FORM

Name: _____ Date of Birth: _____
Address: _____

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

Antioch Weekend at OLGC Parish on February 24 & 25, 2024

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 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 # _____