

# St. Edward the Confessor High School Youth Group

## PERMISSION SLIP

Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ M \_\_\_\_\_ F

Name of Medical Insurance Plan: \_\_\_\_\_

Member Name \_\_\_\_\_

Group ID # \_\_\_\_\_

Member ID # \_\_\_\_\_

Phone # (for plan certification/authorization) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Telephone # \_\_\_\_\_

### Release/Authorization:

I authorize the High School Youth Group of St. Edward the Confessor, Bowie, Maryland to obtain medical/hospital treatment in the event of an emergency, and I understand that the High School Youth Group of St. Edward the Confessor, Bowie, Maryland will not be held responsible for any loss or damages that may result from said treatment.

\_\_\_\_\_  
(Signature of participant)      (Date)

\_\_\_\_\_  
(Signature of Parent/  
Guardian)      (Date)

Participants will not consume drugs or alcohol. The Parent/Guardian will be called and will need to pick up the participant at the event location.

\_\_\_\_\_  
(Signature of participant)      (Date)

\_\_\_\_\_  
(Signature of Parent/  
Guardian)      (Date)