Contact Information

Student Name_____

Age_____ School_____ Grade_____

Student's Email:_____

Parent/Guardian:_____ Relationship to Child:_____

Primary Phone #_____Secondary Phone # _____

Parent/Guardian Email:_____

Parish:_____

Health Information

Health Insurance Co._____ Policy #_____

Physician_____ Phone # _____

Allergies_____

PERMISSION AND RELEASE FORM

We, the undersigned parents or guardians of_____
Give permission for participation in IGNITE, Youth Ministry related activities at Holy Cross Church. In the event of unforeseen accident or illness, we hereby grant permission to a staff member or representative to act as an agent and authorize medical examination, treatment, hospital care, or to administer first aid for minor problems. I understand the risk associated with involvement in youth group activities and assume full responsibility for any expenses incurred due to unforeseen personal injury. I also give permission for photographs of my child/ren to be taken and used for illustrating church newsletter or bulletin publications.

Signature of Parent/Guardian_____Date_____