



Church Name: _____

PERMISSION FORM AND RELEASE

Youth Name: _____ Home Phone: _____

Parent Name: _____ Work Phone: _____

Other number where Parent can be reached: _____

Address _____ City/State/Zip _____

Date of Birth: _____ Male Female (please circle)

In consideration of the wholesome recreational and learning experience in which my son/daughter will participate, I as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany the youth ministry/campus ministry group of their parish/school to: **Set Apart Project June 3rd – 7th 2024.**

I/we acknowledge receipt of the attached information sheet describing the planned activities.

In consideration of the opportunity for my son/daughter to participate in the Program, I agree to **RELEASE AND HOLD HARMLESS AND INDEMNIFY Set Apart Project & Summit Vacation & RV Resort**, and all their agents, servants and employees from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my son/daughter's participation in the Program.

I hereby grant permission to any staff person to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that I cannot be reached.

(Check one of the following :)

I am covered by hospitalization and medical insurance under policy # _____ issued by _____.

I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my son/daughter.

I hereby grant permission to any staff person to provide the following over-the-counter drugs to my son/daughter if requested by my son/daughter (Check all that apply:)

Tylenol Benadryl Advil Sudafed Midol Kaopectate Neosporin

ADD any other medical information concerning medication, allergies, illness, etc. _____

Date

Parent/Guardian Signature

Date

Parent/Guardian Signature

Child's Name