



PO Box 919
Conyngham, PA 18219

PARENT CONSENT FORM
St John Bosco/Good Shepherd Youth Ministry

Event Name: _____

Event Date: _____

Child Name: _____

Date of Birth: _____ Age: _____

City: _____ Zip Code: _____

Phone: _____

Parent E-Mail: _____

I, (parent/guardian) _____ the undersigned, give permission for my (son/daughter) _____ to attend the Youth Ministry Sponsored event coordinated by the parishes of St. John Bosco/Good Shepherd, Conyngham, PA, and if needed, to be evaluated, diagnosed, treated and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve St. John Bosco/Good Shepherd Parishes and the Diocese of Scranton of all responsibility and consequences that may arise as a result of this treatment.

I will not hold the Diocese of Scranton, the Bishop of the Diocese of Scranton, St. John Bosco/Good Shepherd parishes, or its chaperones or representatives associated with this event, responsible in the events of injuries. Further, I agree to accept any and all financial responsibilities as a result of scheduling such treatment.

MEDICAL INFORMATION:

My child is allergic to: _____

Reaction: _____

Medications taken (dosage/frequency): _____

Insurance Carrier/Policy No: _____

Last Tetanus Booster: _____

In case of emergency notify: _____

Phone: _____ Relationship: _____

Signature of Parent/Guardian: _____

Date: _____