

Permission Slip - Activities & Photo Release

Church of the Holy Cross

Participant's name: _____ date of birth _____

PERMISSION TO ENGAGE IN YOUTH GROUP ACTIVITIES at Camp Huston Retreat

Permission is hereby granted by the undersigned for my child to participate in all organized Youth activities during the period of:

October 14 – October 16

We take full responsibility for the actions of our child and relieve all adults and the Church of Holy Cross of any liability in conjunction with these activities.

EMERGENCY MEDICAL CONSENT

We give permission, if we cannot be contacted, for our child to be treated at any hospital or licensed health care facility by any physician when deemed immediately necessary or advisable by the physician to safeguard our child's health. I waive the right of informed consent to such treatment.

EMERGENCY INFORMATION

In case of emergency, please contact:

(Parent or guardian)

(Phone)

(Additional contact)

(Phone)

My child has the following physical limitations and/or is taking the following medications (if none, write that here):

Health Insurance Company: _____

Policy Number: _____ Name of Insured: _____

PHOTO RELEASE

I give permission for photographs of my child taken during Holy Cross activities to be used in Holy Cross publications, on the Holy Cross Website and in Diocese of Olympia Publications.

Signature of parent/guardian

date

Signature of parent/guardian

date