

**Health Release Form/General Permission Slip**  
**Saint Aloysius Youth Ministry**  
212 Mt Mercy Dr. Pewee Valley, KY 40056 241-8452 ext.1005  
*Please Print*

**Printed Name of Child:** \_\_\_\_\_

**Child's Email Address:** \_\_\_\_\_

**School:** \_\_\_\_\_ **High School Graduation Year:** \_\_\_\_\_

**Parent/Guardian Names:** \_\_\_\_\_

**Parent's Email Address(es):** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Does your child have permission to take Tylenol: YES or No**

**Insurance Company:** \_\_\_\_\_

**Name of Policy Holder:** \_\_\_\_\_

**Policy Holder's SS#:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Family Physician:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Other pertinent medical information:** \_\_\_\_\_  
\_\_\_\_\_

**Do you give permission for pictures of your child be used in youth ministry publications, including the Youth Group Web page? YES or NO**

I, \_\_\_\_\_ parent/guardian give my child, \_\_\_\_\_, permission to participate in the meetings, activities and outings sponsored by the Saint Aloysius Youth Ministry program.

I further give my permission for my child to ride in any vehicle designated by the adult in whose care my child has been entrusted while participating in sponsored activities. In consideration of permitting my child to attend and/or participate, I do hereby, for myself and my child waive and release any and all claims that I might have against the Director of Youth Ministry, Saint Aloysius Parish and any designated leader or driver of a vehicle for any and all injuries or losses suffered by said child while engaged in sponsored activities.

If my child requires emergency medical attention, I hereby give permission to the adult leader in charge to authorize treatment for my child as named herein.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_