

St. Jude the Apostle Sunday School and Youth Group
ANNUAL PARENT/GUARDIAN PERMISSION SLIP
2011-2012 School Year

Child/Teen Name _____

Birth date of child/teen _____ Grade _____

Parent/Guardian Name(s) _____

Address _____

City _____

Home phone _____ cell phone _____ email _____

Sibling name(s)/grade(s) _____

I give permission for (child's full name) _____
to participate in activities of our church or Diocese from September 1, 2011 through August 31, 2012.

I give my consent for a physician to provide medical or surgical care for my child should an emergency arise under which such action is indicated. It is understood that an effort will be made to notify me before any medical or surgical action is taken.

I, the undersigned guardian of _____, a minor, do hereby authorize clergy, teachers, mentors, or parent volunteers of St. Jude's as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any licensed physician and/or surgeon. Such diagnosis or treatment can be rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of her/his best judgment may deem advisable.

My child is allergic to the following food and/or medication: _____

and/or taking the following medication on a regular basis: _____

Other helpful information (e.g. special needs; disabilities) _____

(Mother): Work Number _____ cell # _____ email _____

(Father): Work Number _____ cell# _____ email _____

Other Emergency Person/phone: _____

*Child's SS# _____

Health/hospitalization Insurance: _____

Policy Number: _____

Parent/guardian's signature _____ Date _____

**Please note that the Social Security Number is optional, but is helpful if emergency room treatment is necessary.*

NOTE: This form is for St. Jude's Church files and for Diocese of El Camino Real events that St. Jude's Church leaders participate in. Additional permission slips may be required for specific overnight events.