

*Vicariate for Catholic Faith Formation and Education*  
*Roman Catholic Diocese of Albany*

**ACTIVITY/PROGRAM PERMISSION & MEDICAL CONSENT FORM**  
**PREPARED FOR**  
**Church of the Holy Spirit, Gloversville**  
**“Catholic Car Pool Program”**

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_,  
(Name of parent/guardian) (Name of child/youth)

a youth at the Church of the Holy Spirit, hereby grant permission for the above youth to be driven by members of the youth ministry team to and from Mass and/or Faith Formation Sessions during the time period of:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_\_

from approximately \_\_\_\_\_AM/PM to \_\_\_\_\_AM/PM,

and I consent to his/her participation in this activity/program.

I understand that my child/youth will get to the place of the activity/program and return by \_\_\_\_\_, and that the driver will only travel to and from the parish.  
(List means of transportation)

I authorize the employees, representatives and chaperones of the Church of the Holy Spirit to obtain emergency medical treatment, should it be necessary, during my child’s attendance and participation in above program.

I understand that I will be notified immediately should it become necessary to obtain emergency treatment.

In case of an emergency, I can be reached at the following phone number(s)

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Other person(s) who may or should be notified in an emergency are:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

I fully understand what is involved in this trip, and I understand that I have the opportunity to call the catechetical/youth minister leader and ask him/her about the activity/program. I also acknowledge that I have received and read the guidelines memo for the Catholic Car Pool Program.

**MEDICAL INFORMATION** (*Please print clearly.*)

**ALLERGIES** (including food) \_\_\_\_\_

\_\_\_\_\_

**REQUIRED MEDICATIONS** (please indicate dosages, frequency, etc.)

\_\_\_\_\_

\_\_\_\_\_

**SPECIAL MEDICAL CONDITIONS**

\_\_\_\_\_

\_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Carrier: \_\_\_\_\_

Policy Number \_\_\_\_\_

Date of last tetanus booster \_\_\_\_\_

\_\_\_\_\_

Signature of parent/guardian

\_\_\_\_/\_\_\_\_/\_\_\_\_

date

**YOUTH AGREEMENT**

I agree to abide by all rules and regulations decided upon by the Church of the Holy Spirit and the leadership personnel of the event. I understand that neither the Church of the Holy Spirit, nor the leadership personnel of the event will be held liable if I fail to cooperate with said regulations and that any infraction of the rules may result in immediate dismissal from the event. I also understand and agree that I will notify my parent or guardian at the time of any violations requiring my dismissal from the program/activity and that I will be sent home at my own and/or parent's/guardian's expense.

\_\_\_\_\_  
Signature of Youth Participant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

2/2018