

# Our Lady of Lourdes Catholic Church

508 Breckenridge Lane, Louisville, KY 40207-3899

www.ourlourdes.org/youth

Phone: (502) 896-0241 x12

Fax: (502) 895-4535

Chris Kolibaba, Coordinator of Youth Ministry

Email: chrisk@ourlourdes.org

## Permission Slip

I, \_\_\_\_\_, parent / guardian, request that my child \_\_\_\_\_, be allowed to participate in the \_\_\_\_\_ (activity) at \_\_\_\_\_ (location) on \_\_\_\_\_ (date), sponsored by Our Lady of Lourdes Youth Ministry. Pick up time will be \_\_\_\_\_. Please note other adults who are allowed to pick up your child: \_\_\_\_\_.

**PLEASE READ:** I further give permission for my child to ride in any vehicle designated by the adult in whose care my child has been entrusted while participating in said activities, if needed. 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 Chris Kolibaba (Coordinator of Youth Ministry), any designated Volunteer and / or Driver of a van, bus, car or other vehicle, and Our Lady of Lourdes for any and all injuries or losses suffered by said child while engaged in the above activities.

\_\_\_\_\_  
(Signature of Parent / Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Emergency Contact Phone #)

\_\_\_\_\_  
(Please print name of Adult who will drive and / or chaperone)

\_\_\_\_\_  
(Phone #)

- \_\_\_ Yes, I give permission for my child to be photographed and that this picture may be used for Our Lady of Lourdes publications, newsletters, articles, website, Facebook, and other print and electronic media.
- \_\_\_ No, I do not give permission for my child to be photographed.
- Is your son / daughter in general good health and able to participate in normal activities? \_\_\_\_\_
  - IF NO, please attach a signed statement indicating limitations.
- Is your child up-to-date on all required immunizations? \_\_\_\_\_ Through: \_\_\_\_\_
- Family Physician / Clinic: \_\_\_\_\_ Phone #: \_\_\_\_\_
- Allergies? \_\_\_\_\_
- Medications (with dosage)? \_\_\_\_\_
- Do we have permission to dispense Tylenol, if needed? Yes: \_\_\_ (Dosage: \_\_\_\_\_) No: \_\_\_
- Family Health Insurance Provider: \_\_\_\_\_
- Policy Holder Name: \_\_\_\_\_ Policy / Group #: \_\_\_\_\_
- Please indicate any other issues we should know about that may be affecting your child at this time:  
\_\_\_\_\_
- Please notify Coordinator of Youth Ministry if your son / daughter is exposed to any communicable disease during the three weeks prior to attendance at above activity.