

# Parental/ Guardian Release Form

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_ to participate in this parish youth ministry event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from Church of the Holy Spirit.  
A brief description of the activity follows:

**Type of Event:**

**Cost:**

**Destination:**

**Individuals in Charge:**

**Time of departure:**

**Time of return (estimate):**

**Mode of transportation:**

I agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend Church of the Holy Spirit, Archdiocese of Mobile, its officers, directors, The agents, employees, or representatives associated with this field trip from any and all liability claims, loss or damage arising from or in connection with my child's participation in this field trip.

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency treatment, administration of anesthesia, surgical treatment(s) for my minor Son/daughter \_\_\_\_\_. In the event of a medical situation occurring during my absence or when the hospital or physician is unable to contact me. This authorization extends to any hospital, physician(s) and nursing personnel within the physician's staff.

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

Name of Parent/Guardian (PRINT) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Hospital Insurance: \_\_ Yes/ \_\_ No Policy Number \_\_\_\_\_

Insurance Company \_\_\_\_\_

Other Pertinent Information: \_\_\_\_\_

**If I am unable to be reached at the time of the emergency,  
please contact the following:**

**NAME:** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **City** \_\_\_\_\_ **ZIP** \_\_\_\_\_

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