

Festival of Faith
Youth Permission and Parent/Legal Guardian Authorization
I hereby give permission for my son/daughter

_____ Name

_____ Address

_____ City/State Phone

To participate in the Catholic Festival of Faith 2008 Youth Gathering at the Orange County Convention Center South Concourse on Saturday, May 10, 2008.

I understand that my son/daughter will be chaperoned by : _____ Name

_____ Organization (Parish/School)

I hereby release and indemnify the Diocese of Orlando, the Catholic Bishop of Orlando, a corporation sole, from any and all liability arising from claims of any kind of nature whatsoever from my child's participation in the this program. I understand that if my child violates any laws regarding possession of alcohol or drugs or rules governing the event, I will be called to pick up my child from the Orange County Convention Center. In the event that the undersigned cannot be reached and in the judgment of the responsible adult or other appropriate staff member accompanying the group to the Catholi Festival of Faith 2008 Youth Gathering, if there is a necessity for immediate examination and/or treatment of my child, I hereby authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary.

I grant permission for the adult chaperones for this event to administer non-prescription drugs as needed for my son/daughter r(aspirin, ibuprofen, antacids).

Yes No

I authorize the Diocese of Orlando to use photographs/videos of my child for productions, publications, etc.

Yes No

Parent/Guardian Permission

Parent/Guardian Signature _____ Date: _____

Participant Signature: _____ Date: _____

City State/Zip Phone

Name of Physician: -----

Institution City Phone

Insurance Information
Policy in Name of: _____ Policy # _____

Insurance Company: _____

Health Information:

Allergies: _____ Medication: _____

Diabetic: _____ Medication: _____

Asthmatic: _____ Medication: _____

Child carries medication: _____
(Identify)

EMERGENCY CONTACT

(In the event above parent/guardian cannot be reached)

Name: _____

Relationship: _____ Phone number: _____