

Form Due Date: \_\_\_\_\_  
Amount Due: \$ \_\_\_\_\_

**OUR LADY OF GOOD COUNSEL HIGH SCHOOL YOUTH MINISTRY  
PERMISSION AND EMERGENCY INFORMATION FORM**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_

**I give my son/daughter permission to attend the Youth Ministry trip to:**

\_\_\_\_\_  
**Furthermore, in the event that my child becomes ill and requires medical attention of any kind, and a family member cannot be reached, I hereby authorize an agent of Our Lady of Good Counsel Parish to make the necessary decisions concerning emergency treatment. I also give permission for my child to be transported to the nearest medical facility or hospital for treatment.**

**Parent/Guardian Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Who can we notify in case of an emergency?

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Please list any allergies to medication or food: \_\_\_\_\_ None: \_\_\_\_\_

Please list any medication you take on a regular basis: \_\_\_\_\_ None: \_\_\_\_\_

Is there any other health/physical information we should know about your youth?  
\_\_\_\_\_

Family Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Company Name: \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

T- Shirt Size (*if applicable for this event*):      S      M      L      XL