

IHM Youth Ministries  
Jr. High 2007-2008  
Universal Medical Form & Universal Permission Slip  
952-935-7077 ext. 1220

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Gr: \_\_\_\_\_ Cell: \_\_\_\_\_

Email \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone :( Daytime) \_\_\_\_\_ Cell \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone :( Daytime) \_\_\_\_\_ Cell \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Allergies, Disease, Disorders, Disabilities? Please specify: \_\_\_\_\_

Will you be bringing and/or using any medication while on the trip? Yes or No  
If YES, please explain (ALL INFORMATION CONFIDENTIAL):

Insurance Company and Policy Number: \_\_\_\_\_

Names and phone numbers of 2 relatives and/or friends to contact if parents cannot be reached:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**FOR PARENTS:**

I give permission for my child \_\_\_\_\_ to take part in the Jr. High Youth Ministry program 2007-2008 sponsored by Immaculate Heart of Mary Church. In consideration of the opportunity for my child to participate and fully Recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and so hereby release, absolve, indemnify and agree to hold harmless the Archdiocese of St. Paul and Minneapolis, Immaculate Heart of Mary, their agents, employees and officers, and the chaperones, leaders, organizers and sponsors and the persons transporting our child to and/or from these activities. Neither the Archdiocese of St. Paul and Minneapolis, Immaculate Heart of Mary, nor any of said persons shall be held financially responsible for any injury, illness or death incurred as a direct result of this activity. We, the undersigned, have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance. In the event of an emergency and we cannot be contacted, we hereby authorize that emergency treatment may be administered.

I UNDERSTAND IF THERE ARE ANY CHANGES DURING THE YEAR 2007-2008 IT IS THE PARENTS OR YOUTHS RESPONSIBILITY TO UPDATE THIS INFORMATION WITH IHM.

Parent Signature: \_\_\_\_\_