

Immaculate Heart of Mary Parish  
School of Religion  
**Saturday Youth Event—Guest Permission Form**

1040 Alameda de Las Pulgas  
Belmont, CA 94002  
(650) 593-6157, ext. 23; Fax: (650) 593-1665  
dedeihm@pacbell.net

Thank you for your interest in having your child attend our Saturday Youth Event. Because your child will be in our care while at this event, we need to know how to contact you, whether your child has any medical problems, permission to obtain emergency medical aid, and an assignment of medical insurance. Please note that if your child is currently enrolled in the IHM Elementary School or the School of Religion, you do not need to fill out this form.

Please have your child bring this signed form to the event; it will not be necessary to fill out this form again should your child wish to attend any future events in the school year, for we will keep it on file.

Event Date: \_\_\_\_\_(and all subsequent Saturday Youth Events in this school year)

Child's Name: \_\_\_\_\_

Any Medical Problems for Child: \_\_\_\_\_

Child's Physician & Insurance Info: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

Parent's Contact Phone Number While Child Is At Event: \_\_\_\_\_

In case of an emergency, we will try to contact you at the above phone number. In case of a medical emergency, we also will try to contact your physician listed above.

Please note that by signing and returning, you are giving us permission to obtain emergency medical treatment for your child should he or she be injured while participating in our event, including transportation to and from the event. Also, you are agreeing that any accident, medical, hospital insurance or benefit plan of yours will first be used to pay for any resulting hospital or medical costs, regardless of whether there was any negligence or who was negligent. Also, you are not aware of any medical condition that would make it inappropriate for your child to participate in our event; you will write on this form any of your child's medical condition we need to be aware of.

Finally, by your signing below, you are stating that you are the parent or guardian of the above child, and that you are giving your permission for your child to participate in our event, and that you agree to direct your child to cooperate and conform to the directions and instructions given by our program personnel.

Your child is important to us. We shall make every effort to safeguard him or her.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date