



Annunciation Youth Ministries

Peer Ministry 2009-2010

UNIVERSAL MEDICAL FORM & UNIVERSAL PERMISSION SLIP

612-824-9993 ext. 243

Name: _____

Phone: _____ Age: _____ Birth date: _____

School: _____ Grade: _____ Cell Phone: _____

E-Mail: _____

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 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 PEER MINISTRY PROGRAM 2009-2010 sponsored by Church of the Annunciation. 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, the Church of the Annunciation, 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, the Church of the Annunciation, 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 2009-2010 IT IS THE PARENTS OR YOUTHS RESPONSIBILITY TO UPDATE THIS INFORMATION WITH AYM.

PARENT SIGNATURE: _____