



Northern Points Cluster Youth Ministry

**PO Box 471
Chestertown, NY 12817**

**518-494-5229 ext. 33
518-796-7075 Barb's Cell
518-260-2244 Chris' Cell**

My son/daughter _____ has my
permission to attend _____
with Northern Points Cluster Youth Ministry.

During this event, I may be reached at () _____
or () _____.

Emergency Contact Information: Provide a contact other than parents:

_____	_____
(Name)	(Relationship)
_____	_____
(Phone Number)	(Alternative Phone Number)

Insurance Carrier: _____

Policy Carrier: _____ Policy Number: _____

Date of last tetanus booster: _____

Please list any allergies, medications or medical conditions:

I _____ request that my son/daughter, _____, participate in this event and give permission for them to do so. I will not hold the Diocese, chaperones, or representatives associated with the church/cluster responsible in the event of injury. My son/daughter agrees to abide by the rules and regulations decided upon by church/cluster representatives. I understand that neither the parish/cluster nor the leadership personnel is to be held liable if my child does not abide by said regulations, and if my youth acts inappropriately and is asked to leave the event, it is my responsibility to transport them home.

If needed, I give permission for my child to be transported in privately owned vehicles. I also give permission for qualified medical personnel to evaluate, diagnose, treat and/or medicate my child in accordance with standard medical practice and for release of medical record to an attending physician in case of illness. I further agree to accept any and all financial responsibility as a result of scheduling such treatment. In cases of medical emergency, I understand that every effort will be made to first contact the parent or guardian, then the emergency contact. In the event that I cannot be reached, I hereby give permission to the physician selected to secure proper treatment for my child named herein.

(Parent/Guardian Signature) (Date)

I hereby grant to the Northern Points Cluster the right to photograph my dependent and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet. I understand that I will receive no compensation for the use of said photographs/media.

(Parent/Guardian Signature) (Date)