

2026-2027 HEALTH & PERMISSION FORM

I hereby give my child, _____, permission to participate in all Senior High activities, the Confirmation Program, trips and programs, sponsored by Our Lady of Mount Carmel Parish for the program year beginning May 1, 2026 through August 31, 2027. Confirmation Groups may meet in homes or at OLMC.

Parent or Guardian Signature _____

Date _____

Photographic release: By signing this form, the parent or guardian gives permission and waives the right to any type of compensation, for their child to be photographed or video taped at any or all activities sponsored by the Youth Ministry program. Pictures or videos may be used for publicity or educational purposes.

General Information

Child's Name:	Date of Birth:
Street Address:	Grade in Sept 2026:
City:	Gender: ☐ Male ☐ Female
State: Zip:	High School:
Home Phone:	Other Phone:
Father's Name:	Father's Phone:
Mother's Name:	Mother's Phone:
Emergency Phone:	Emergency Phone:

Medical and Emergency Information Release

In the event my child becomes ill, is injured or requires emergency medical attention of any kind, and I cannot be reached by telephone, I hereby authorize the adult chaperone 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 or Guardian Signature _____

Date: _____

Emergency Contact

If a parent cannot be reached, please contact the emergency person listed below:

Contact Person:	Phone 1:
Relationship:	Phone 2:
My Child wears Contact Lenses: ☐ Yes ☐ No	Date of last Tetanus shot:
Family Physician:	Office Phone:
Insurance Company:	
Policy Number:	Group Number:
Medication Allergies: ☐ None	
Please list any medication your child takes on a regular basis: ☐ None	
Any other health or physical information we should know about your child (ex: Asthma): ☐ None	