



**The Church of Saint John Bosco
Youth Ministry**



P.O. Box 919
Conyngham, PA 18219-0919
Telephone (570) 788-1997
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Parental Consent Form

Event Name: _____ **Event Date:** _____

Student Name: _____ **Date of Birth:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email: _____ **Grade:** _____

I, (parent/guardian) _____ the undersigned, give permission for my (son/daughter) _____ to attend the Youth Ministry sponsored event coordinated by the Church of St. John Bosco, Conyngham, PA, and if needed, to be evaluated, diagnosed, treated and/or medicated in accordance with standard medical practice by licensed medical personnel.

I relieve the Church or St. John Bosco and the Diocese of Scranton of all responsibility and consequences that may arise as a result of this treatment.

I will not hold the Diocese of Scranton, Bishop Joseph C. Bambera, the Church of St. John Bosco, or its chaperones or representatives associated with this event, responsible in the events of injuries. Further, I agree to accept any and all financial responsibilities as a result of scheduling such treatment.

Medical Information

My child is allergic to: _____ **Reaction:** _____

Medications taken (dosage/frequency): _____

Insurance Carrier: _____

Policy Number: _____ **Last Tetanus Booster:** _____

In case of emergency notify: _____

Phone: _____ **Relationship to Youth:** _____

Signature of Parent/Guardian: _____ **Date:** _____