



## SACRED HEART YOUTH MINISTRY

10800 Henderson Rd.  
Ventura, CA 93004  
(805) 647-8623

E-mail Address: youthministry@sacredheartventura.org

### CONFIRMATION YEAR 2 EVENTS PERMISSION SLIP

I hereby permit: \_\_\_\_\_  
(Print Student's Name)

to participate in the following events:

• Youth Group & Classes

• Safeguard the Children Session

• 2020 Retreat at Villanova High School Saturday Dec 5th, 9am-9pm

I agree to direct my child to cooperate with directions & instructions of the supervisory personnel in charge of the events.

I understand that all photos taken by Sacred Heart personnel during any function or event are the property of Sacred Heart and may be used for promotional use on our website, church bulletin or social media platforms.

Should it be necessary for my child to have medical treatment while participating in these events, I hereby give Sacred Heart Youth Ministries personnel permission to use their judgment in obtaining medical service for the child and I give permission to the physician selected by Sacred Heart Youth Ministry personnel to render medical treatment deemed necessary and appropriate by the physician.

I understand that any insurance benefits that are effective have limited application.

\_\_\_\_\_  
(Parent or Guardian Signature)

\_\_\_\_\_  
(Home phone Number)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Work or Cell phone Number)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
(Date)

### MEDICAL RELEASE INFORMATION

\_\_\_\_\_  
(Family Doctor Name)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Parent Insurance Carrier)

\_\_\_\_\_  
(Policy Number)

\_\_\_\_\_  
(Phone Number)

Parents will be notified in the event of any situations that require medical attention. In the event that we cannot reach you, who else may we notify in case of an emergency?

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Relationship)

**Please note any medical conditions of which we should be aware of**