

**Our Lady of the Blessed Sacrament**  
**Youth Ministry**  
**PERMISSION SLIP**

My child \_\_\_\_\_ has my permission to attend -  
\_\_\_\_\_ (child's name)  
\_\_\_\_\_ with the OLBS Youth Ministry Program on  
\_\_\_\_\_ (event)  
\_\_\_\_\_ (date)

I understand proper Christian behavior is EXPECTED of me as I am enjoying my event. We ALL represent not only OLBS, but the Diocese of Buffalo and all teenagers in general. I agree to act in a responsible, mature manner.

If I act inappropriately, I understand that my parents will be called to pick me up immediately, and I will forfeit any fees paid for the event.

Our goal is to be good Catholic role models.

\_\_\_\_\_  
(Student's Signature)

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

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Should there be a behavioral problem with my child, I understand that I will be called AND I agree to pick up my child at the venue.

I understand that parent volunteers (over the age of 21) drive the students, we do NOT have bus transportation. I also understand the students will be transported to the event from our meeting spot. It is my responsibility to get my child to the meeting spot.

\_\_\_\_\_  
(Parent's Signature)

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

**PLEASE COMPLETE THE BACK OF THE FORM**

EMERGENCY CONTACT INFORMATION:

Name: \_\_\_\_\_

Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

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Below is any vital information that you may need regarding my child.

Medical Limits - Concerns:

\_\_\_\_\_

Prescriptions: \_\_\_\_\_

Doctor's Name : \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

**YES or NO (PLEASE CIRCLE)**

I authorize the OLBS Youth Ministry Program to take my child to the closest emergency room if Emergency Care is needed. If YES complete insurance info.

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Insurance Name)

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