

St. Helen's Teen Group Emergency Contact

Teen's Name _____	Date of Birth _____	Sex M F	
Parent's/Guardian's Name _____	Parent's/Guardian's Name _____		
() _____ Home Phone	() _____ Cell Phone	() _____ Home Phone	() _____ Cell Phone
TEEN'S EMAIL ADDRESS	PARENT'S EMAIL ADDRESS:		
Address _____	Address _____		
City, State ZIP Code _____	City, State ZIP Code _____		

Alternative Emergency Contacts

If Parent/Guardian cannot be reached who may be called...

Primary Emergency Contact _____	Secondary Emergency Contact _____		
() _____ Home Phone	() _____ Home Phone	() _____ Cell Phone	() _____ Cell Phone
Address _____	Address _____		
City, State ZIP Code _____	City, State ZIP Code _____		

Medical Information

Hospital/Clinic Preference _____

Physician's Name _____ Phone Number _____

+ _____

Allergies/Special Health Considerations _____

I authorize **emergency medical treatment procedures** as may be performed or prescribed by the attending physician and/or paramedics for my teen. **This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.**

Parent's/Guardian's Signature _____ Date _____

I give permission for my teen to be **photographed** for sole purpose of promoting the St. Helen Teen Group.

Parent's/Guardian's Signature _____ Date _____

I give permission for my teen to go on **field trips**. I release St. Helen R.C. Church Teen Group and individuals from liability in case of accident during activities related to Teen Group events, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature _____ Date _____

I give permission for my teen to go **LEAVE EVENTS ON THEIR OWN** **I will PICK UP MY TEEN FROM EVENTS** I release St. Helen R.C. Church Teen Group and individuals from liability in case of accident during activities related to Teen Group events, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature _____ Date _____