ARCHDIOCESE OF LOUISVILLE
OFFICE OF YOUTH & YOUNG ADULTS

YOUTH MEDICAL/PERMISSION FORM
LOUISVILLE CATHOLIC YOUTH CONFERENCE
FEBRUARY 26, 27, & 28, 2027, LOUISVILLE, KY

Youth Name _____

Address _____ City _____ State _____ Zip _____

Participant's Cell Phone # _____ Parish/School _____

Grade at time of LCYC: _____ Gender: Male ____ Female ____ Date of Birth _____

I give permission for my child to participate in the **Louisville Catholic Youth Conference** from **February 26-28, 2027** sponsored by the Archdiocese of Louisville, Office of Youth and Young Adult Ministry. I further give my permission for my child to ride in any vehicle designated by the adult in whose care my child has been entrusted while participating in the above activities.

In consideration of permitting my child to attend and/or participate, I do hereby, for myself and my child, waive and release any and all claims that I might have against the Office of Youth and Young Adult Ministry of the Archdiocese of Louisville and any designated driver of a van, bus, car, or vehicle, for any and all injuries or losses suffered by said child while engaged in the above activities.

Is your son/daughter in general good health, and able to participate in all normal activities? Yes_____
No_____ (If not, please submit a statement indicating limitations.)

Allergies: _____ Is your child currently taking any medication? _____ If yes, list type of medicine_____ Do we have your permission to dispense Tylenol, if needed? _____

In case of any medical emergency, I understand that every effort will be made to contact the parents or guardians of the child participating in the Louisville Catholic Youth Conference. In the event that I cannot be reached, I hereby give permission to the physician selected by the Director or Associate Director of the Office of Youth and Young Adult Ministry for the Archdiocese of Louisville or my parish's adult chaperone to secure proper treatment for my child, as named herein.

I also give my permission for the use of photographs/video, which may include my child, to be used by the Archdiocese for promotional purposes of this event.

Mother/Guardian Name: _____ Phone Number: _____

Father/Guardian Name: _____ Phone Number: _____

Participant's Health Insurance Company: _____

Policy Number: _____

Signature of Parent/Guardian: _____ Date: _____