

# NATIONAL ASSOCIATION OF MELKITE YOUTH

## PARENTAL PERMISSION SLIP

*(To be completed for each youth)*

Youth's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Tel # \_\_\_\_\_

Home Address: \_\_\_\_\_

Parish Name: \_\_\_\_\_ Location: \_\_\_\_\_

Father's Name \_\_\_\_\_ work tel # \_\_\_\_\_ cell# \_\_\_\_\_

Mother's Name \_\_\_\_\_ work tel# \_\_\_\_\_ cell# \_\_\_\_\_

Additional emergency contact \_\_\_\_\_ tel # \_\_\_\_\_ cell# \_\_\_\_\_

Relationship to child of emergency contact person: \_\_\_\_\_

Allergies to medications or foods: \_\_\_\_\_

Medications presently taken: \_\_\_\_\_

Date of last tetanus booster \_\_\_\_\_

Previous serious medical problems \_\_\_\_\_

Family Doctor: \_\_\_\_\_ tel # \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

I/We hereby give permission to the above named son/daughter to attend the following NAMY function: The National Melkite Youth Conference 2017 at Columbiere Retreat & Conference Center, 9075 Big Lake Rd., Clarkston, MI.

The conference will begin on Sunday, June 25 and end on Thursday, July 29, 2017.

I/We also grant permission to (accompanying advisor): \_\_\_\_\_, and to Fr. Thomas P. Steinmetz and to any other duly authorized representative of the National Association of Melkite Youth to secure such medical care as my son/daughter may require for the period from (date) \_\_\_\_\_, (time) \_\_\_\_\_ to (date) \_\_\_\_\_, (time) \_\_\_\_\_, including examination, treatment, and immunization. I/We relieve the National Association of Melkite Youth and the Eparchy of Newton of all responsibility and consequences that may arise from this treatment. I/We will not hold the above named organizations liable in the event of injury. Further I/We agree to accept any and all financial responsibility as a result of medical treatment.

This permission is conditional upon the understanding that in the event of serious illness or the need of an operation and/or major surgery, those acting under the authority of this permission slip will use all reasonable efforts to contact me/us. Failure in such efforts, however, should not prevent those acting under the authority of this permission slip from securing such treatment as may be necessary for my son/daughter's best interest.

My son/daughter agrees to abide by all the rules and regulations stated by NAMY, and the NAMY staff and advisors. I have read the NAMY rules for this conference and discussed them with my child. I understand that NAMY will not be liable if my son/daughter fails to cooperate with NAMY rules or regulation and that any infraction of the rules may result in my son/daughter's immediate dismissal from the event, and that my son/daughter, at the sole discretion of the NAMY staff and advisors, may be returned home at my expense. **A copy of this form shall have the same force as the original.**

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
date

**Advisors: Please photocopy this form and keep the copy available while traveling and attending the N.A.M.Y. national conference. Please send the original signed copy along with registration form and the original signed rules form to:**  
***Fr. Thomas P. Steinmetz, 140 Mitchell St., Manchester, NH 03103***