



## Saint Raymond of Peñafort Youth Apostolate Information Sheet (Page 2/2)

Participant's Name:

**Please list any prescription or doctor prescribed over the counter medications your child is taking:**

Drug Name: Dosage: Per:

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### Physician & Medical Insurance

Primary Healthcare Provider Phone:

Insurance Company: Policy #:

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### Car Pool Information

In an attempt to help parents/guardians to make the most of their gas and time, and in order to help teens who otherwise would not have rides to Youth Apostolate events, St. Raymond's has plotted all of its participants on a map.

Would you be willing to have St. Raymond's share your contact information with other families with teens participating in Youth Apostolate events who have also given permission to share their contact information, for the purpose of setting up potential car-pools to and/or from St. Raymond's Middle School and/or High School Youth Apostolate events?

Yes, please share my information with other families interested in car pooling to/from St. Raymond's Youth Apostolate events.

No, please do not share my information with anyone.

I understand and hereby agree to the terms and conditions of the participant's involvement in the event described on pages 1 and 2 of this consent form and liability waiver, and I freely execute this Acknowledgement with full knowledge of its content.

**Signature of Parent or Legal Guardian**

**Date:**

ALL INFORMATION IS KEPT CONFIDENTIAL