

St. Catherine of Siena Parish Youth Ministry Medical Release Form & Communication Waiver

We ask that everyone fill this out completely so we may use this information for all events your child attends during the 2017-2018 academic year. You only need to fill it out once each school year unless your information changes. If any of the following information changes, please fill out a new form. Please return this form to the Parish office as soon as possible. Thank you.

Participant's information:

Name: _____ Age: _____ Birth date: ____/____/____
Cell: _____ - _____ - _____ Texts: Y N Email: _____
Address: _____ City: _____ Zip: _____
High School _____ Grade: _____

Parent/ Guardian Information

Mother/Guardian Name(s): _____ Cellphone: _____ - _____ - _____
Mother/Guardian Email: _____ Home/work phone: _____ - _____ - _____
Father/Guardian Name(s): _____ Cellphone: _____ - _____ - _____
Father/Guardian Email: _____ Home/work phone: _____ - _____ - _____

PARENTAL CONSENT (signature required)

I. The undersigned does hereby give permission for our (my) child to attend and participate in activities sponsored by the St. Catherine of Siena -YOUTH MINISTRY Program.

II. We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any licensed physician or dentist. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered.

III. I hereby grant permission for non-prescription medication to be given, if deemed appropriate.

IV. Should it be necessary for our (my) child to return home due to medical reasons, behavioral reasons, or otherwise the undersigned shall assume all transportation costs.

V. The undersigned does also give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the St. Catherine of Siena -YOUTH MINISTRY Program.

_____/_____/_____
Parent/ Guardian signature Date

Please provide the following information:

Medical Insurance:

Insurance Company: _____ Policy Number: _____
Primary Physician: _____ Physician's phone: _____ - _____ - _____

Please list the following, if applicable:

Allergies: _____

Specific concerns: _____

Medication your child is taking: _____

Emergency contact:

Emergency contact (name): _____ Physician's phone: _____ - _____ - _____

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PHOTOGRAPH/VIDEO CONSENT

I give permission for my teen to be photographed/videotaped during activities associated with St. Catherine of Siena Youth Ministry. I understand that said photos/videos maybe used for future Youth Ministry publications within the St. Catherine of Siena Parish Community and social media.

_____/_____/_____
Parent/ Guardian signature Date

DIRECT COMMUNICATION CONSENT

I give permission for Youth Ministry Staff and CORE Team to communicate with my teen via e-mail, phone calls, and Facebook, Twitter, Instagram and other social media.

_____/_____/_____
Parent/ Guardian signature Date

PARTICIPANT CONTRACT - SIGNATURE REQUIRED

I understand that by requesting to go on the St. Catherine of Siena Parish Youth Ministry events and activities, I am promising to cooperate with the youth ministers, church staff, the priests, CORE members, and other youth throughout the activities. I promise to follow all instructions and rules. I understand that smoking on any trip is not allowed. I agree that I will not bring or use any illegal drugs or alcohol. In the event that I fail to obey the guidelines set forth, I understand that I will be sent home at my family's expense.

_____/_____/_____
Participant signature Date