

**YOUTH MINISTRY ANNUAL MEDICAL CONSENT FORM**  
*THIS RELEASE COVERS: September 1, 2011 through August 31, 2012*

**YOUTH/STUDENT:** \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

In case of an accident, injury or illness, I (we) give permission for my child to be evaluated, diagnosed, treated and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve the Parish of Saint Anne, employees, volunteers, chaperones, or other representatives of all responsibility and consequences that may arise because of this treatment. Further, I (we) agree to accept any and all financial responsibility due to scheduling such care.

**PARENT/GUARDIAN:** \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**PHYSICIAN:** \_\_\_\_\_ Phone: \_\_\_\_\_

**INSURANCE INFORMATION:**

Insurance Company: \_\_\_\_\_ Policy: \_\_\_\_\_

**EMERGENCY CONTACT : (If parent/guardian cannot be reached)**

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Youth \_\_\_\_\_

**MEDICAL INFORMATION:**

Date of Last Tetanus Booster: \_\_\_\_\_

Allergies and/or other medical conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My son/daughter must take the following medication (Indicate dosage and frequency): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_ **Date:** \_\_\_\_\_

# YOUTH MINISTRY EVENT RELEASE AND CONSENT FORM

*THIS RELEASE COVERS: September 1, 2011 through August 31, 2012*

**YOUTH/STUDENT:** \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**PARISH:** SAINT ANNE CATHOLIC PARISH

**CITY OF PARISH:** GORHAM, ME

**EVENT NAME:**

Serving at the  
Preble Street Soup Kitchen

**DATE(S):**

Rekurs 2nd Saturday of Every Month

**LOCATION:**

Preble Street Soup Kitchen  
Portland, Maine

**PARENT**

I/We \_\_\_\_\_ request permission for my child \_\_\_\_\_  
(Parent/s [ ] Legal Guardian [ ]) (Name of Son/Daughter)

to participate in the event listed above with Saint Anne's Youth Ministry to be held on the specified location/date. Furthermore, in the event of illness or injury, I (we) give permission for my child, if needed, to be evaluated, diagnosed, treated, and/or mediated in accordance with standard medical practice by licensed medical personnel. I relieve the Parish of all responsibility and consequences that may arise as the result of this treatment. Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment. I will not hold the Parish, chaperones, Diocese, or representatives connected with this event responsible in case of injury during transportation or during the event. My son/daughter agrees to abide by all the rules and regulations outlined by the adult(s) in charge. I understand that the Parish will not be held liable if my son/daughter fails to cooperate with said regulations and that any infraction of the rules may result in immediate dismissal from this event. I will be responsible for any costs or other requirements for immediate transportation home.

**YOUTH MINISTRY MEDICAL CONSENT FORM**

Is the MEDICAL CONSENT form on file with the office at Saint Anne's Parish?

- YES Please list any ***changes*** to the MEDICAL CONSENT FORM along with any changes in your child's medical history, medications being taken or physical restrictions that may apply on the back of this form.
- NO Please complete the MEDICAL CONSENT FORM on the back of this form.

**YOUTH**

As a member of my Parish, I understand and agree to abide by the rules for this event. I also understand and agree that I will notify my parent(s) or guardian at any time of any infraction requiring my dismissal and that I will be sent home at my own or my parents' or guardian's expense.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**YOUTH SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Please make sure a MEDICAL CONSENT FORM is on file with the office of Saint Anne's.**