

YOUTH MINISTRY EVENT RELEASE AND CONSENT FORM

THIS RELEASE COVERS EVENTS: 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:

St. Joseph's College:
Swim/Climb/Workshop

DATE(S):

November 13, 2011 1-4pm

LOCATION:

Standish, 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 an ANNUAL MEDICAL CONSENT form on file with the office at your 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 your parish office.

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:** _____