

**St. John Paul II Catholic Church
Sellersburg, IN
Youth Ministry Annual Permission Form for the 2017 Calendar Year**

Youth's Information:

Full Legal Name: _____ **Preferred Nickname:** _____

Mailing Address: _____

Home Phone: _____ **Email:** _____

Cell Phone: _____ **Can we send text messages to this number? YES or NO**

Date of Birth: _____ **Grade:** _____ **School:** _____

Parents' Information:

Mother's Name: _____ **Email:** _____

Cell Phone: _____ **Can we send text messages to this number? YES or NO**

Father's Name: _____ **Email:** _____

Cell Phone: _____ **Can we send text messages to this number? YES or NO**

Permission and Release:

As parent or guardian of the above named youth, I hereby request that my child be allowed to attend and/or travel with the St. John Paul II Catholic Church Youth Ministry Program to all events and activities in the local area as well as outside of the state of Indiana.

I hereby release the Archdiocese of Indianapolis, New Albany Deanery Catholic Youth Ministries, and St. John Paul II Catholic Church as well as associated staff and adult volunteer leaders from any claim, loss, cost, damage or expense arising out of any accident or other occurrence causing injury to any person or property during these events or activities.

Should it be necessary for my child to return home due to medical reasons, disciplinary action, or otherwise, I hereby assume all transportation costs.

Signature: _____ **Date:** _____

Photo and Media Consent:

I give permission for photographs taken of my child during activities as well as any quotations given by my child to be used for the online, video, and printed public relations efforts of the Archdiocese of Indianapolis, New Albany Deanery Catholic Youth Ministries, and St. John Paul II Catholic Church.

Yes **No** **Signature:** _____ **Date:** _____

If you have any questions, please contact Dawn Schepers, Youth Minister at
502-641-9229 or dschepers@stjohnpaulparish.org

Be sure to complete the annual medical release and emergency information form on the back of this page.

**St. John Paul II Catholic Church
Sellersburg, IN
Youth Ministry Annual Medical Release for the 2017 Calendar Year
Emergency Contact and Medical Information**

IDENTIFYING INFORMATION:				EMERGENCY CONTACT INFORMATION:			
Full Legal Name of Child:				<i>In the case of emergency or serious illness of my minor child, please attempt contact in the order listed below:</i>			
Birthdate:		Gender:		Call 1 st :	Name:		Home/Work Phone:
Parent (Guardian) Names:					Relationship:		Cell: Phone:
Address Street:				Call 2 nd :	Name:		Home/Work Phone:
Address Apartment No./Other:					Relationship:		Cell: Phone:
Address City:		State:	ZIP:	Call 3 rd :	Name:		Home/Work Phone:
Home Phone:		Parent E-mail:			Relationship:		Cell: Phone:
Child lives with: <input type="checkbox"/> Mother and Father <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Guardian				Local Hospital of Choice:			
Who is the Custodial Parent (if applicable)?			<input type="checkbox"/> Custody Papers on file?	Physician of Choice:		Phone:	
Siblings attending this parish youth program:				HEALTH INSURANCE INFORMATION:			
Adults authorized to pick up my child:	Name:		Phone Number:		Company:		Co. Phone:
					Policy Holder:		Group No.:
					Holder ID No.:		Plan No.:
					Policy No.:		Patient (Child) ID No:
MEDICAL INFORMATION:							
Child's Medical Conditions		Please list below any medical conditions your child has such as chronic or serious illness; severe allergies or sensitivities including, but not limited to: food, medicine, insects, or heat; asthma; diabetes, heart condition; respiratory problems; seizures, urinary problems; hemophilia; frequent hospitalizations; vision or hearing difficulties, physical or mental limitations, etc. <input type="checkbox"/> Individual Health Plan for chronic conditions on file (if applicable).			Medications Taken Regularly by Child		Please list below any medications, treatments, or medical care your child receives on a regular basis that medical personnel may need to know about at the time of treatment for illness or injury. <input type="checkbox"/> Medication Release on file for all medications taken at youth ministry programs (if applicable).
CONSENT TO MEDICAL TREATMENT FOR A MINOR CHILD:							
I understand that in the case of a serious medical emergency, unless the injury/illness appears to be immediately life-threatening, the staff and/or adult volunteers will make reasonable attempts to contact me as specified above <i>before</i> authorizing medical treatment. If I am not available to give consent, I hereby authorize the staff and/or adult volunteers of the Archdiocese of Indianapolis, New Albany Deanery Catholic Youth Ministries, or St. John Paul II Catholic Church to act on my behalf, to call 911 emergency services; transport by ambulance; hospitalize; secure proper treatment; authorize injections, anesthesia, x-ray, surgery or other treatment for my child as deemed necessary by qualified medical personnel. I also understand that the medical information provided will be shared only on a medical "need-to-know" basis among staff and/or adult volunteers and with treating medical personnel. Notice is hereby given to qualified medical personnel that this authorization is currently in effect, and such personnel are directed to act upon this authorization without delay. I agree to assume financial responsibility for all expenses incurred in any emergency requiring medical attention.							
Parent/Guardian Signature:			Relationship:			Date:	