



High School Youth Ministry Registration & Permission Form

Please **PRINT CLEARLY**.

Name of Child	Age	Sex
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School	Grade	Date of Birth
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Address	City	State	Zip
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Name(s) of Parent(s)/Guardian(s)

Phone Number(s) of Parent/Guardian - Please indicate (h), (c), (w)

E-mail address of Parent/Guardian

Student Phone Number and/or E-mail address

PERMISSION

I/we, the parents or guardians of the above-mentioned child, for myself/ourselves and for my/our child, give permission for my/our child to participate in the 2019-20 activities, events, and retreats sponsored by Impact Catholic Youth Organization as part of the Neighbor's North Catholic Community. I understand and agree that I will be responsible for any costs, fees, or other expenses related to my child, including but not limited to any damage done to other's property, events and retreats, and/or medical costs. I understand that while participating in these activities, events, and retreats, my child must follow the instructions and directions provided by adult personnel and that he/she must abide by the code of conduct policies. I understand that my child's failure to follow instructions, directions, or policies may result in their immediate expulsion from the activity, event, or retreat. *(Should you not want your child photographed or recorded, you must notify St. Sebastian in writing.)*

I hereby give permission for my child to participate in St. Sebastian Youth Ministry programs.

Print Parent's/Guardian's Name

Signature of Parent/Guardian

Date

ATTENTION: PLEASE COMPLETE REVERSE SIDE ALSO!

Questions? Please contact (412) 364-8999 ex.8520

MEDICAL AUTHORIZATION / CONSENT TO TREAT

In the event of any injury or illness to my child during his/her participation in St. Sebastian Youth Ministry programs, I hereby give my permission for the necessary medical treatment to be given to my child by a licensed medical physician. I agree that in case of injury to my child, I will apply my hospitalization and/or accident insurance toward payment of the expenses incurred and will not look to the Youth Minister, Neighbor's North Catholic Community, Chaperones, Office for Youth and Young Adult Ministry, or the Roman Catholic Diocese of Pittsburgh for the payment of any medical costs or injury related costs. This medical consent will remain effective until _____.

(Date)

Parent/Guardian Signature

Date

Insurance Company

Policy Number

Name and Phone Number of Emergency Contact (not a parent)

Known allergies: _____

Known physical limitations: _____

Medically prescribed dietary needs: _____

Is child a vegetarian? No Yes

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, or fainting?

No Yes If yes, please explain: _____

Does child have any other special needs? No Yes If yes, please explain: _____

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, **sign only those in accordance with your wishes.**)

1) Medications: My child **IS TAKING MEDICATION AT PRESENT.** My child will bring all such medications necessary, and such medications will be labeled. My child will be responsible to administer his/her own medication.

Name of medication, time(s) to be administered, and dosage: _____

Signature _____ Date _____

2) I hereby **GRANT PERMISSION FOR NON-PRESCRIPTION MEDICATION** (such as Tylenol, throat lozenges, cough syrup) to be given to my child if deemed advisable.

Signature _____ Date _____

3) **NO MEDICATION OF ANY TYPE**, whether prescription or non-prescription may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature _____ Date _____

ATTENTION: PLEASE COMPLETE REVERSE SIDE ALSO!