

ST. CHARLES BORROMEO FOUNTAIN OF YOUTH
2020-2021 MEMBERSHIP PROFILE

_____ JR. HIGH

_____ SR. HIGH

NAME _____

ADDRESS _____

HOME PHONE # _____

MEMBERS CELL PHONE # _____

MEMBERS E-MAIL ADDRESS _____

DATE OF BIRTH _____ AGE: _____ SEX: _____

SCHOOL _____ GRADE _____

HOBBIES & INTEREST _____

PARENT'S NAME _____

PARENT'S ADDRESS _____

PARENT'S E-MAIL ADDRESS _____

PARENT'S HOME PHONE # _____

PARENT'S CELL PHONE # _____

T-SHIRT SIZE:

Youth			Adult		
small	medium	large	x-large	xx-large	xxx-large

FOR OFFICE USE ONLY

DATE \$25 FEE PAID _____

DATE PROFILE RETURNED _____

DATE LIABILITY FORM RETURNED _____

DATE MEDICAL FORM RETURNED _____

ST. CHARLES BORROMEO FOUNTAIN OF YOUTH

Parent/Legal Guardian Consent Form and Liability Form 2020 - 2021

Participant Name _____

Home Address _____

E-mail Address _____

Birth Date _____ Sex _____

Home Phone _____ Cell Phone _____

Parent/Guardian Name _____

Home Address _____

Home Phone _____ Cell Phone _____

Parent/Guardian E-mail Address _____

I, _____, grant permission for my child, _____ to participate in the **St. Charles Borromeo Fountain of Youth Program**. This program will take place under the guidance and direction of parish employees and/or volunteers from **St. Charles Borromeo Church Parish** from August 2020 through August 2021.

As parent and/or guardian, I remain legally responsible for any actions taken by the above named minor ("participant"). I agree on behalf of myself, my child, named herein, our heirs, successors, and assigns, to hold harmless and defend. St. Charles Borromeo Church Parish, its officers, directors, and agents, and the Archdiocese of New Orleans, chaperones, or representatives associated with the program, arising from or in connection with my child's participation in this program or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish/location, its officers, directors and agents, and the Archdiocese of New Orleans, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Signature of Parent/Legal Guardian

Date

ST. CHARLES BORROMEIO FOUNTAIN OF YOUTH

MEDICAL INFORMATION AND CONSENT FORM

GENERAL INSTRUCTIONS TO PARENTS/GUARDIANS:

1. Please take care in filling out this form. It provides crucial information for caregivers in the event of illness or medical emergency. Accuracy and thoroughness are encouraged.
2. Sections I, II and V are mandatory. Sections III and IV provide you with treatment options in non-emergency situations.

Participant's name: _____

Birth date: _____ Sex: _____

Parent/Guardian's name _____

Home address: _____
(Street) (City/State) (Zip)

Home phone: _____ Cellular phone: _____

Business phone: _____ Other: _____

SECTION I. MEDICAL MATTERS

As the parent/legal guardian of the above named child, who is currently associated with St. Charles Borromeo Parish. I hereby authorize Janeen Rodrigue or his/her assistants to carry out the wishes I have named (herein) in areas of emergency medical treatment and other cases of illness. This authorization inclusively extends through August 2021. 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.

Signature: _____ Today's Date: _____

SECTION II. EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the numbers listed herein, contact:

Name & relationship: _____

Phone: _____ Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

SECTION III: OTHER MEDICAL TREATMENT

In the event it comes to the attention of the parish, its officers, directors and agents, and the Archdiocese of New Orleans, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature _____ Date: _____

SECTION IV: MEDICATIONS

(SIGN ONLY THOSE OPTIONS THAT ARE APPLICABLE)

- My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows: _____

Signature: _____ Date: _____

- I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

- 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: _____

SECTION V: MEDICAL INFORMATION

The parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: **Date** of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bed-wetting, fainting?

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc?
If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____
