



SMM Youth Ministry- Form A: Annual Consent and Release

2018-2019

Personal Information

Full Name of Child _____ Date of Birth ___/___/_____ Age ___

Address _____ City State Zip _____

Home Phone _____ Parent E-Mail _____

Participant Email _____ Participant Cell Phone _____

**Providing participant email and cell phone grants permission for electronic communication from group leader to this young person in regards to all group activities, in accord with diocesan guidelines.*

Parent/Guardian Information (Mother)

Full Name of Mother/Stepmother _____ Cell Phone _____

Parent/Guardian Information (Father)

Full Name of Father/Stepfather _____ Cell Phone _____

I understand that promotional pictures (individual and group) may be taken during officially sanctioned events. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, etc.) in highlighting the event.

My child has permission for their photo to be taken and potentially used for promotional use for future events. Yes No. My child has permission for their photo to be used on the church/Youth Ministry website yes No and social media Yes No.

Medical Information

Family Doctor Phone _____ Insurance Provider _____

Insurance Provider Policy# Acct./ID# _____

Yes No Has the young person ever been seen by a heart specialist for a heart condition?

Yes No Has the young person had a broken bone in the past six (6) months?

Yes No Has the young person had surgery in the past six (6) months?

Yes No Is the young person currently taking prescribed medication(s) that could inhibit strenuous physical activity?

Yes No Is the young person allergic to bee stings?

Yes No Does the young person have asthma?

Yes No Are there any serious medical conditions of which the Youth Minister, Director/Coordinator of Religious Education should be aware?*

**If you answered 'yes' to any of the above, it is the responsibility of the parent/guardian to check with Youth Minister to ensure those items identified with an above will not endanger the young person.*

Are there any medical condition the Youth Minister should be made aware of including any developmental conditions the Youth Minister should know about to help the child have the best experience? Yes No

If yes: _____

Current Prescription Medications:

Please list all allergies related to medicine, food, latex, etc.

If your child has a life-threatening allergy, you **must** discuss said allergy with the Youth Minister.

If necessary, the group leader is permitted to administer the following medications (or generic equivalent) to my child:

Advil Tylenol Motrin Aleve cough drops Imodium Calamine Lotion

Claritin/Zyrtec Benadryl Cough syrup Triple Antibiotic Ointment Other _____

In Case of Emergency

The following procedures are in place if your child becomes sick or injured, or needs to be sent home for disciplinary reasons. Calls will be made to the following numbers, in the following order.

1. Home
2. Cell phones of Mother/Father/Guardian
3. Ambulance for transportation of child to medical facility (in case of injury). In case of a major injury that requires immediate medical attention, an ambulance may be called first. Staff will continue to call the parents or guardians until one is reached. Please note: information on this form will be shared with emergency medical staff.

Permission and Hold Harmless

I hereby give my consent for the above-named individual to participate in the above-named parish/school youth activity(ies) during the current program year. I authorize responsible personnel to obtain proper medical treatments should it become necessary. Excluding intentional, deliberately-inflicted and illegally caused injuries, I further agree, in consideration of the above named parish's sponsorship of beneficial youth programs, to release the above named parish, the Catholic Diocese of Wilmington, and all of their employees, directors, administrators, youth ministers and volunteers from all legal liability for accidental injuries suffered by my child as a result of participation in athletic activities, or travel to and from any officially sanctioned event. If I cannot be reached and the parish/school authorities have followed the procedures described, I agree to assume all expenses for

transporting and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedures which may be carried out based on the medical judgment of attending physician. I understand that the Diocese of Wilmington and St Mary Magdalen and its staff are committed to providing fun, safe, educational experiences and that diocesan and Parish events are conducted in smoke-, alcohol-, and drug-free environments. In light of this, and to help ensure the safety of all concerned, I understand that if my child is in possession of drugs, alcohol, or tobacco products, engages in illegal, immoral, or offensive behaviors, or refuses to follow the directions given by event staff or volunteers while participating in this activity, I will be contacted immediately to pick up my child. I affirm that the information above is true and correct and may be shared with school personnel on a "need to know" basis.

Signature of Parent/Guardian: _____

Relationship to Participant: _____

St Mary Magdalen Youth Minister

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