

# YOUTH MINISTRY EVENT PARTICIPATION PERMISSION AND RELEASE

## EVENT INFORMATION

Class/Grade Level: grades 8-12 Event Description: 8<sup>th</sup> grade welcome night (boys in gym, girls in youth center)

Purpose of Event: Meet & greet & fellowship with our high school youth ministry teens

Date/Approx. Time of event: Wednesday, March 27, 2019 7:15-8:45 pm

\*\*\*\*\*

(Please detach and return portion below to the parish youth ministry director or to Mr. Heimann by March 22nd):

## PARENT/GUARDIAN PERMISSION AND RELEASE\*:

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Participant Age: \_\_\_\_\_ Participant Grade: \_\_\_\_\_

**If you would like your child to participate in this event, please fill in the blanks, date, and sign:**

I allow my child to participate in the parish event at St. Charles on March 27th.

In consideration of the aforementioned participant, my child, being allowed to participate in this event, I, on behalf of myself, my child and my child's other parent/guardian, hereby acknowledge recognition that such an activity may expose my child to risks and hazard not ordinarily encountered in the parish youth ministry program. Further, on behalf of myself, my child, and my child's other parent/guardian, I hereby release and agree to hold harmless the above named parish and the Diocese of Fort Wayne-South Bend, Inc. to the fullest extent permitted by law from any and all claims, judgments and liability of every kind for any injury and damage of any kind, whether personal or property, that we or any one of us may suffer or incur due to my child's participation in the event, regardless of whether the injury or damage is attributable to the fault of parties other than the Parish or Diocese or attributable to the fault, including negligence, of the Parish or Diocese.

I have instructed my child to follow the rules of conduct as directed by the parish youth ministry program and Diocese.

\_\_\_\_\_  
Date    Parent/Guardian Signature    Parent/Guardian Printed Name

\*A new Event Participation form must be completed for **each** Event. Information provided in the Annual Emergency Medical Care Form will apply to each Event in which your child is allowed to participate during the Youth Ministry Program year. Parents/guardians are responsible for updating the information on that form should changes occur during the Youth Ministry Program year.

## 2018-2019 ANNUAL EMERGENCY MEDICAL CARE FORM

**Note:** Parents must complete, sign and submit this form prior to the commencement of each Parish Youth Ministry Program year for each child enrolled in a Parish Youth Ministry Program. **Parents are responsible for updating the information on this form should changes occur during the Parish Youth Ministry Program year.**

### Part I. Consent to Emergency Medical Care

Name of Child: \_\_\_\_\_ Parish: \_\_\_\_\_ Grade: \_\_\_\_\_

In the event of an emergency, I request that the parish make reasonable attempts to contact me at \_\_\_\_\_ (phone number) or \_\_\_\_\_ (other parent/adult) at \_\_\_\_\_ (phone number).

**I understand that in an emergency, exigent circumstances may prevent the parish from contacting me immediately, or the parish may be unable to reach me. I therefore consent to the parish taking action which it deems necessary to secure emergency medical care/treatment for my child even if I have not been contacted.**

I understand that decisions concerning the type of emergency medical care or treatment administered are normally made by health care providers and not by the parish and that exigent circumstances may require the administration of emergency medical care or treatment without my prior consent. However, I have indicated below any treatment preferences I have for my child which the parish may disclose to a health care provider. (Parents/guardians may check and complete any of the following):

\_\_\_\_\_ Dr. \_\_\_\_\_ is my preferred physician and Dr. \_\_\_\_\_ is my preferred dentist.

\_\_\_\_\_ \_\_\_\_\_ is my preferred hospital.

\_\_\_\_\_ Receipt of my consent prior to my child receiving major surgery unless the medical options of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

\_\_\_\_\_ Other: \_\_\_\_\_

The parish may also disclose the following checked information to a health care provider:

\_\_\_\_\_ Insurance Information: Insurance Company Name: \_\_\_\_\_  
Policy/Group/Claim No.: \_\_\_\_\_

\_\_\_\_\_ The following information regarding allergies my child has, medication my child is taking, and other medical facts about my child: \_\_\_\_\_

I understand that in the event of an emergency, the parish will make reasonable efforts to notify a health care provider of the above-checked information, but I acknowledge that I am responsible for communicating such information to the appropriate medical personnel.

### Part II. Photo Permission: (Please check one of the following)

\_\_\_\_\_ I grant permission for our parish and the Diocese of Fort Wayne-South Bend to use my child's image in any photograph, internet site, or visual media for promoting parish or diocesan youth ministry or for any other lawful purpose.

\_\_\_\_\_ I **DO NOT** grant permission for our parish and the Diocese of Fort Wayne-South Bend to use my child's image.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian Name Printed \_\_\_\_\_