

**Catholic Youth Ministry-Diocese of Sacramento
St. Isidore Parish, Yuba City, California**

This form is for the express use of junior high and high school youth ministry in the Diocese of Sacramento. It is not for use by Catholic schools or parish faith formation classes. The form remains in effect for one year from date of parent/guardian signature.

Participants name _____ Date of Birth _____

Parent/Guardian _____

Street Address _____ City _____ State/Zip _____

Home Phone (_____) _____ Work(_____) _____ Cell(_____) _____

Medical:

I, (name of parent/guardian) _____, grant permission for my child,

_____ to participate in the Youth Ministry sponsored by St. Isidore Parish, Yuba City, CA, and the Diocese of Sacramento. (Of the following statements pertaining to medical matters, sign only those in accordance with your wishes):

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to the Diocese of Sacramento, parishes within the Diocese, and their employees, agents, representatives and volunteers, to transport my child to a medical facility for emergency medical, dental or surgical treatment. I hereby consent to those aforementioned individuals to authorize emergency treatment for my child. I wish to be advised prior to any further treatment by the hospital or doctor. I agree to provide the Youth Ministry with current telephone numbers of where I can be reached, including cell phone numbers and the names and phone numbers of individuals who are likely to know where I am. In the event of an emergency, if you are unable to contact me at the above numbers, please contact:

Name _____ Relationship _____

Telephone(_____) _____ Family Doctor _____

Doctor's Phone(_____) _____ Family Health Plan Carrier _____

Policy# _____ Participant's Soc.Sec.# _____

(1)Signature _____ Date _____

Other Medical Treatment

In the event it comes to the attention of the Diocese of Sacramento, or any of its employees, agents, representatives, volunteers or chaperons or any parish, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with telephone charges reversed to me).

(2)Signature _____ Date _____

Medications

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

I give permission to the chaperons supplied by Youth Ministry to administer these medications.

(3)Signature _____ Date _____

No medication of any type, whether prescription or nonprescription may be administered to my child unless the situation is life-threatening and emergency treatment is required.

(4) Signature _____ Date _____

I hereby grant permission for nonprescription medication (such as non-aspirin pain relievers, throat lozenges, cough syrup) to be given to my child, if deemed advisable by the chaperons supplied by Youth Ministry.

(5)Signature _____ Date _____

Medical information – The Diocese of Sacramento will take reasonable care to keep this information confidential.

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

Immunization: Date of last tetanus/diphtheria immunization:

Medications child currently takes:

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?

Have you recently been exposed to contagious disease or condition, such as mumps, measles, chicken pox, etc? If so, dates and disease or condition:

Alert chaperons to these medical conditions:

Transportation

I give permission for my child to be transported to and/or from youth ministry programs, events, and activities in vehicles driven by adult chaperons, selected by the parish youth minister in accordance with diocesan guidelines.

Liability Waiver

For value received, I represent that I am a custodial parent of my child and agree on behalf of myself, my child's other parent:

(name of parent) _____

(if known or living), my child named herein, our heirs, successors, and assigns, to forever release, discharge, defend and hold harmless the DIOCESE OF SACRAMENTO, parishes of the Diocese, the Office of Youth Ministry, their staff, officers, directors, employees, agents volunteers, sponsors, promoters, and affiliates, from any and all liability, claim, loss, damage, cost or expense that may be made or brought on my behalf or on my child's other parent's behalf, or on my child's behalf against the DIOCESE OF SACRAMENTO, parishes of the Diocese, the Office of Youth Ministry, their staff, officers, directors, employees, agents, volunteers, sponsors, promoters, and affiliates. I forever waive any such claims against any such person or organization arising directly or indirectly from, or attributable in any legal way, to any action or omission to act of any such person or organization named above.

I fully understand the consequence of the foregoing statements and sign this PARENTAL/GUARDIAN CONSENT FORM TRANSPORTATION/ LIABILITY WAIVER knowingly, freely, and willingly. (Your signature must appear below or your child will not be permitted to participate in Youth Ministry).

(6)Signature _____ Date _____

Youth

I understand and agree that my parent(s) or guardian will be notified at the time of any infractions requiring my dismissal from any Youth Ministry program, event, or activity and that I will be sent home at my own or my parent's or guardian's expense. Being found with any alcoholic beverage, drugs or weapons is cause for automatic dismissal from any Youth Ministry program, event, or activity. I agree to uphold and exemplify positive Catholic values and morality at all Youth Ministry programs, events and activities. (Student's signature must appear below or he/she will not be permitted to participate in Youth Ministry.)

(7)Signature _____ Date _____