

ST. JOHN'S YOUTH MINISTRY RELEASE AND CONSENT FORM

NAME _____

PARISH/SCHOOL _____ CITY & STATE _____

AGE _____ SEX _____ HOME PHONE (_____) _____

WORK PHONE: FATHER (_____) _____ MOTHER (_____) _____

CELL PHONE/PAGER (_____) _____

MAILING ADDRESS _____

CITY, STATE, & ZIP _____

EMERGENCY CONTACT ON DAY OF TRIP*

NAME _____ RELATIONSHIP _____

DAYTIME PHONE: (_____) _____ EVENING PHONE: (_____) _____

PARENT

I, _____ the undersigned, give my permission for my son/daughter,
_____, to attend the St. John's Youth Ministry event/trip to

Event: _____ Date: _____

It is understood that reasonable caution will be taken by those persons in charge to prevent injuries. In consideration of my child's being permitted to participate in this event, I, personally and on behalf of my child, hereby release The Archdiocese of Washington; His Eminence Donald Wuerl, Roman Catholic Archbishop of Washington, A Corporation Sole; the Catholic Youth Organization of Washington, DC and Metropolitan Area, Inc.; the Office of Youth Ministry; St. John the Evangelist Church (Clinton, Md); their employees; volunteers; and chaperones from any liability for injuries or damages arising or resulting from participation in this event and/or transportation to and there from.

In the event that I cannot be reached, I hereby grant permission for my son/daughter to be evaluated, diagnosed, treated, and/or medicated in accordance with standard medical practice by licensed medical personnel.

My child agrees to abide by all rules and regulations as outlined in the Code of Behavior. I understand that neither the Archdiocese of Washington nor St. John the Evangelist Church will be held liable if my child fails to cooperate with the said regulations and that any infractions of the rules may result in immediate dismissal from participation at said event. **I will be responsible for any cost or other requirements for immediate transportation home.**

Signature of Parent or Legal Guardian

Date

(Both sides must be completed)

(OVER)

ST. JOHN'S YOUTH MINISTRY RELEASE AND CONSENT FORM

As a member or guest of the Archdiocese of Washington and St. John the Evangelist Youth Ministry Program, I understand and agree to the Code of Behavior. I also understand and agree that I will notify my parents/legal guardian at the time of any infractions requiring my dismissal from the event and that I will be sent home at my own and/or parent's/guardian's expense.

Signature of Youth Participating

Date

MEDICAL INFORMATION

Medications: Any medications brought to the event should be clearly labeled and in their original container. Please list any prescription or approved non-prescription drugs your child is presently taking. Include product name and physician's instruction on dosage and frequency.

Allergies: Please attach a statement noting all known allergies, including how the child has been treated and with what medication. If medications are needed occasionally or regularly, please send them with your child in case of need.

Communicable Diseases: Please notify your Youth Ministry Leader immediately if your child has been exposed to any communicable disease within three weeks prior to attending the Youth Ministry event.

General Health: You should be aware of these special medical conditions or needs of my child: (dietary, asthma, walking assistance, or other concerns) If your child is currently under a physician's care, please list the name and phone number of the physician.

Insurance Information:

Insurance Carrier: _____ Policy Carrier: _____

Policy Number: _____ Benefit/Plan/Group Number: _____

Date of last Tetanus Booster: _____

Youth's Social Security Number: _____