

The Parish of St. Clement
Youth Program

CONSENT FORM

Youth's legal name Last First Name used other than first

Birth date (MO/DAY/YR) Gender Residence Phone

Youth lives with: Name(s) Relationship(s)

Youth's residential address (not PO Box) City, State Zip Code

Mailing Address (if different from residence)

Parent/Guardian 1
Name _____
Business phone _____
Cell phone _____

Parent/Guardian 2
Name _____
Business phone _____
Cell phone _____

EXCURSION PERMISSION

I give permission for my child to attend excursions of the Parish of St. Clement that are taken in conjunction with the confirmation preparation program unless I notify you to the contrary. I understand that the parish will take every precaution necessary to insure the safety and welfare of my child.

Parent/Guardian signature (required) Date

PHOTO/STORY RELEASE

I GIVE I DO NOT GIVE permission for the Parish of St. Clement to use photographs of, stories about and creations made by my child, alone or with others, for use in the confirmation program, name tags, programs, parish activities and newsletter, and on the parish webpage.

Parent/Guardian signature (required) Date

(over)

EMERGENCY & RELEASE FORM

IF PARENTS CANNOT BE REACHED YOU MAY CALL:

Name & relationship address residence phone cell phone

Name & relationship address residence phone cell phone

HEALTH AND WELLNESS

Does your child have any health concerns we should be aware of including medications, food/environmental allergies or sensitivities, chronic illness or conditions, etc.

YES* **NO**

*If so, please list all concerns below and include, **if applicable**, descriptions or signs/symptoms, severity and staff action to be taken.

HEALTH CONCERN What information should we know about your child?	SIGNS/SYMPTOMS What signs should we look for in your child's appearance/behavior	SEVERITY Allergy by ingestion, touch or inhalation? Lactose Intolerance to milk or all dairy?	STAFF ACTION TO BE TAKEN What would you like us to do for your child in the event that she or he exhibits symptoms?

Attach an additional sheet if necessary

Physician's name address phone

Preferred medical facility w/Emergency Dept. address

Dentist's name address

Medical plan Subscriber identification number

EMERGENCY RELEASE

- **In the event of an on-campus incident requiring *immediate* emergency professional medical attention**, I authorize the Parish of St. Clement to call 911 for Emergency Medical Service (EMS) or to transport my child by personal vehicle to the hospital nearest campus.
- **In the event of an off-campus incident requiring *immediate* emergency professional medical attention**, I authorize the Parish of St. Clement to call my child's physician and EMS to transport my child to the nearest hospital.
- **In the event that my child requires professional emergency medical attention that is not immediate**, when parents and designated persons cannot be reached, I authorize the Parish of St. Clement to call EMS to transport my child to the nearest medical care facility (when possible this will be the preferred site specified by me on the parish's Emergency Form).
- **Regardless of the type of emergency, a responsible adult shall remain with my child until I or another designated person can assume responsibility for my child. I agree to reimburse the church for any expenses incurred.**

 Parent/Guardian Signature (required) Date