

# CATHOLIC YOUTH MINISTRY - DIOCESE OF SACRAMENTO YOUTH FORM

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

Participant Name: \_\_\_\_\_ Date of Birth (month/day/year): \_\_\_\_\_

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

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

City / State / Zip Code: \_\_\_\_\_

Home Telephone Number (include area code): \_\_\_\_\_

Work Telephone Number (include area code): \_\_\_\_\_

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## MEDICAL MATTERS

I, (name of parent/guardian): \_\_\_\_\_, grant permission for my child \_\_\_\_\_

to participate in the Youth Ministry sponsored by the (name of parish): \_\_\_\_\_

and the Diocese of Sacramento. *(Of the following statements pertaining to medical matters, sign only those in accordance with your wishes.)*

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## 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 reach me at the above numbers, please contact:

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

TELEPHONE (include area code): \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_

TELEPHONE (include area code): \_\_\_\_\_

FAMILY HEALTH PLAN CARRIER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ PARTICPANT'S SOC SEC # \_\_\_\_\_

(1) Signature \_\_\_\_\_ Date \_\_\_\_\_

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## 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 of 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 myself).

(2) Signature \_\_\_\_\_ Date \_\_\_\_\_

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## MEDICATIONS

My child is taking medications at present. My child 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:

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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 \_\_\_\_\_

**SPECIFIC MEDICAL INFORMATION:** The Diocese of Sacramento will take reasonable care to see that this information will be held in confidence.

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

.....  
Immunizations: 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, date and disease or condition.

.....  
Line 1: You should also be aware of these special medical conditions.

.....  
Line 2: Special medical conditions, continued.

**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 ministry coordinator 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 the 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 or guardian's expense. Being found with any alcoholic beverages, 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.

**(Your signature must appear below or you will not be permitted to participate in the Youth Ministry.)**

(7) Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to:

Ann Sims   
Faith Formation Office   
SS. Peter & Paul Church   
4450 Granite Drive   
Rocklin, CA 95677   
(916) 624-5827 Telephone   
(916) 624-9125 Facsimile   
asims28@sbcglobal.net