

St. Michael's Catholic Church
*** Youth Ministry Authorization/Release Form - GRADES 7 - 12 ***
August 2011—July 2012

PLEASE FILL OUT ONE FORM FOR EVERY STUDENT REGISTERING

*The "Authorization/Release" form MUST be renewed each year. Additional forms may be found at the www.smlj.org website

Student Information—Complete & Sign both sides of this form (please print clearly):

Name: _____ M F Grade: _____
Last First Middle (Nickname)

Address: _____ City: _____ TX Zip: _____

Home Phone # (w/area code): _____ Household email: _____

School: _____ Birth date: _____ Youth email: _____

Student Cell # (w/ area code): _____ Carrier: _____ Text? Y N

MOTHER/Legal Guardian Name: _____ email: _____

Work #
w/area code: _____ Cell: _____ Carrier: _____ Text? Y N

FATHER/Legal Guardian Name: _____ email: _____

Work #
w/area code: _____ Cell: _____ Carrier: _____ Text? Y N

Emergency Contact Persons (in case a parent cannot be reached):

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Parental Activity Permission:

My child has permission to participate in St. Michael's Church Activities from **August 1, 2011 through July 31, 2012**. I agree to allow him/her to be transported by bus or car driven by a designated adult. In case of illness, injury or accident, I give my permission for any necessary medical treatment including transportation to hospital for medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. I relieve St. Michael's Church and the Archdiocese of Galveston-Houston and it's agents of any liability for injury or accident.

In signing this form I certify that all information contained herein is true and accurate to the best of my knowledge

Signed: _____ Date: _____

Parental Publicity Permission:

(please check)

I GIVE DO NOT GIVE my permission to St. Michael's Church to post photographs of my child in the bulletin, youth web page, and youth bulletin board. I understand that names will not be used with the photos unless I have given specific agreement in writing for each specific instance.

Signed: _____ Date: _____

Permission To Dispense Over The Counter Medication:

(please check)

I GIVE DO NOT GIVE permission for over the counter medication to be administered to my child as needed.

Signed: _____ Date: _____

MEDICAL INFORMATION:

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes:

Doctor's Name: _____ Phone# (w/area code): _____

Do you carry insurance? Y N

Insurance Co: _____ Phone# (w/area code): _____

Policy/Group/ID#: _____

Medication/s Presently Taking: _____

Allergies/Health Concerns: _____

Special Needs: _____
(learning and/or physical needs) ** all information shall remain confidential**

Medications: My child is taking the following medications at the present time:

Medication(s): _____ Dosage: _____ Frequency: _____

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Medical Conditions Information:

My son/daughter has:

- Has had an episode the following or has been diagnosed: Seizures Asthma Diabetic
- Allergic reactions to the following (foods, dyes, latex etc.) _____
- Has had a medical surgery within the last six months? Yes No Still under doctor's care? Yes No
- Has a medically prescribed diet? _____
- The following physical limitations? _____
- Immunizations current and up to date: Yes No Date of last tetanus/diphtheria immunization _____
- You should also be aware of these special medical conditions of my child (e.g. depression, anxiety, etc.): _____

Our catechists and youth ministers want to be sensitive to any special needs your young person may have. Please describe above or on the back of this form how we can adapt what we do to meet your youth's needs (example—special needs from reading difficulties to wheelchair access). This information will be kept confidential.

CODE OF CONDUCT

The office of youth ministry at St. Michael's is fully committed to the safety and care of the youth entrusted to us. We also hold the youth accountable for their actions while in our care, therefore we ask both youth and parents sign this code of conduct so that all parties fully know and understand the expectations of the youth while participating in St. Michael's functions.

1. I agree to have the best possible time at St. Michael's functions, and to share the spirit of Christian joy, friendship and sportsmanship with other participants. I understand that I must listen carefully to all instructions and not to engage in any unauthorized activity or horseplay, which could cause harm to myself and/or others.
2. I agree to be prompt and on time to schedule events.
3. I agree to show respect to all adults involved in St. Michael's ministries.
4. Alcohol, Cigarettes, Weapons or Illegal Drugs are strictly prohibited. I agree neither to use or possess them nor to be present while others use these substances.
5. Christ like behavior is expected of me at all times. Inappropriate contact, touch, gestures; language or activity of an offensive nature is **NOT ACCEPTABLE.**
6. I agree to respect all property of St. Michael's Catholic Church. I shall not destroy nor remove any property of the facility. I will be financially responsible for any damages that I may cause.

YOUTH: I agree to abide by this Code of Conduct. As a representative of the Catholic Archdiocese of Galveston-Houston, I am asked to project an image of Christian consideration, sensitivity and respect for others and the property around me. Infractions of these codes will result in Event Staff/Youth Leader discussing the infraction with me. In the unlikely event that a behavior problem requires action, my parent(s) or legal guardian will be notified and I will be dismissed from the event. My parent(s)/legal guardian will be expected to pick me up or I will be sent home with my adult chaperone at my own expense.

Youth Signature: _____ Date: _____

PARENT/Legal Guardian: I accept the conditions stated above regarding my child's participation in St. Michael's youth ministry.

Parent/Legal Guardian Signature: _____ Date: _____