

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.

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:** _____

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

Medications(s): _____ Dosage: _____ Frequency: _____

Administer: _____

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: _____