

St. Andrew the Apostle Youth Ministry
Permission/Medical Release

EVENT: _____

Permission and Insurance Release for:

_____ (Child's name) has my permission to participate in Youth Ministry Activities sponsored by St. Andrew the Apostle Parish. I understand that neither the parish of St. Andrew the Apostle nor any of its agents are responsible for any injury sustained by my child. I accept responsibility for any medical expenses as a result of any such injury sustained.

Signature of Parent/Guardian

Date

St. Andrew the Apostle Youth Ministry Code of Conduct

You are representing St. Andrew the Apostle Parish during this event and we expect you will be an excellent representative for your family and us. We expect that you will display a mature and responsible behavior, which for many years has been the trademark of Catholic youth.

Some Expectations:

- All participants are expected to arrive and be picked up on time.
- All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
- Socializing should always be done in public areas.
- Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
- The possession or consumption of any alcoholic beverages and/or possession/use of any illegal drug by an individual is not permitted.
- Smoking is not permitted.
- Weapons and drug paraphernalia are not allowed.
- Prescription drugs need to be given to an adult for storage and distribution.
- Infraction of these rules can mean immediate dismissal with no refund. Participants are also responsible to local authorities as well.

*I understand and agree to this behavior code. I also understand and agree that at any time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved. I also understand and agree that my parents will be notified at the time of an infraction requiring my dismissal. **My parents or guardians will be responsible for my removal from the premises and any costs involved.***

**Youth Signature: _____

T-shirt size (adult sizes) _____

***Please complete medical release on back

For Medical Release Purposes As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or due discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signature of Parent/Guardian

Date

Street Address

City

Zip

Home Phone Number

Work Phone Number

Mobile Phone Number

Pager Phone Number

In the case of an emergency we will make every effort to contact the above person(s). If we are unable to contact the above person(s), please indicate the name and phone number, and relationship of another person we can contact.

Name and Relationship

Phone Number

Medical Information:

Please any known allergies, chronic illnesses or other conditions as well as any medications and regularity of medications that your child is currently taking.

Dietary restrictions: _____

It is OK to administer: Tylenol _____ Ibuprofen(Advil)_____ to my child.

Insurance Information:

Policy Holder: _____

Insurance Company: _____

Policy/ Group Number: _____

Authorized Physician: _____ Phone Number: _____