



# St. John the Baptist Youth Ministry Permission Slip

Jody Engebos 920 737-7357 fb: St. John the Baptist –Howard WI youth

## EVENT INFORMATION: Check any event(s) may attend

- Mondays **Spiritus Bible Study** 7:30-8:45 at Quad Parish 936 Ninth St.
- Fridays **Friday Night Live (middle school) 6:30-9pm –dates/location vary**
- Dec 3 **Howard Parade 12:30 Hillcrest Heights St float # 40-50 look for the star!**
- Sundays **Connect Four (high school) 6:30-8pm –dates/location vary**
- Dec 9/10 **WINTER LOCK IN** Kroc Center 1315 Lime Kiln Rd. grade 6-8 **7:30 PM- 5:30AM** (\$20 each 10 hrs!)
- Dec 29-Jan 1 **T.E.C. Teens Encounter Christ**
- Jan 19 **Sledding @ Meadowbrook 7-9:30 pm**

## GENERAL INFORMATION:

Participants Name \_\_\_\_\_ Birth date \_\_\_\_\_

Sex: Male  Female

Parent/Guardian's Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION: (other than parent/guardian)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

I, \_\_\_\_\_, request that the parish allow my son/daughter \_\_\_\_\_ to participate in this parish activity. This activity will take place under the guidance and direction of the Youth Ministry leaders and volunteers from St. John the Baptist Church.

I give permission to use my daughter/son's name, picture, and voice in the parish bulletin, Youth Ministry newsletters and fliers.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

As a parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above minor (participant). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. John the Baptist Church, its officers, directors and agents, and the Catholic Diocese of Green Bay, chaperones, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**TURN OVER →**

## PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

**MEDICAL MATTERS:** I hereby warrant that 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 that are applicable.)

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the provided numbers, contact the emergency contact listed.

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Other Medical Treatment:** In the event it comes to the attention of the parish, its officers, directors and agents, and the Catholic Diocese of Green Bay, coaches, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as **headache, vomiting, sore throat, fever, diarrhea**, I want to be called.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Medications:** My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Specific Medical Information:** The parish will take reasonable care to see that the following information will be held in confidence. Allergic reactions (medications, foods, plants, insects, etc.):

\_\_\_\_\_

**Immunizations:** Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Does child have a medically prescribed diet? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition:

\_\_\_\_\_

You should be aware of these special medical conditions of my child:

\_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_