

**Form 1: Participant Emergency and Medical Information,
Photo consent preference (Information Form)**

Family Parish ID/ Envelope #

Dear Parent or Legal Guardian: You are providing information that will be referenced in an emergency during an event on campus or for an event that requires transportation away from the parish site.
By providing the parish this form, it will be kept in records for use for general contact information during class registration and as record for participation of your child in an outside event.

Participation of your child in individual events outside the parish site requires your permission, by signing a **Form 2 (Parental Authorization Form)** you grant your child permission to participate.

PARTICIPANT INFORMATION

First Name _____ **Last Name** _____

Grade _____ **Age** _____ **Birthdate** _____ **School** _____

Home Address _____ **T-shirt size** _____

Email _____ **Cell Phone** _____

Method(s) of transportation to/from Parish site (check all that apply)

- Parent/guardian pick up/drop off
- Walking
- Drives self (Has a driver's license) - List make/model of car/POV: _____
- Family/friend picks up/drops off: List approved friends/family (and relationship to student) for whom you give permission to provide transportation: _____

FAMILY EMERGENCY INFORMATION

Mother/Female Guardian **First Name** _____ **Last Name** _____

Email _____ **Cell** _____ **Alt. Phone** _____

Father/Male Guardian **First Name** _____ **Last Name** _____

Email _____ **Cell** _____ **Alt. Phone** _____

Emergency Contact **First Name** _____ **Last Name** _____

Relationship to Student _____ **Cell** _____ **Alt Phone** _____

Notice of Communication Methods

The Parish will primarily contact you, the Parent or Legal Guardian via our Flocknote Email/Text messaging service or through parish email or parish office telephone. By entering your email and cell phone number you are allowing us to send you messages and updates regarding the event(s). Any and all messages sent using your child's email and cell phone provided above will be duplicated messages that are also sent to you. If your child manages the family email on your behalf, please list the one family email address under your name listed in the section above. Minors will not be contacted directly.

By signing you acknowledge all the information entered above is correct.

X

Parent/Guardian
Signature and Date

MEDICAL MATTERS

HEALTH INFORMATION: Reasonable care will be taken to ensure the following information will be held in confidence.

Family Doctor _____ Phone _____

Health Plan carrier _____ Policy # _____

Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage are as follows. State if you do not authorize non-prescription medication such as acetaminophen or cough drops to be given to your child.

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

Immunizations: date of last tetanus/diphtheria immunization:

Does this child have a medically prescribed diet?

Any physical limitations?

Is this child subject to chronic homesickness, emotional reactions to new situations, sleepwalking bedwetting, and/or fainting?

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

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

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.

If my child is taking medication at present, they will bring all such medications necessary in well-labeled containers, and deliver them to the chaperone in charge.

In the event of a medical 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.

X

Parent/Guardian Signature and Date

PHOTOGRAPH AND VIDEO CONSENT

From time to time, pictures and video may be taken of youth ministry and parish events and gatherings. We would like to be able to use these photographs and videos for flyers, parish and diocesan publications, and the ministry website. Written consent of both the student and the parent/guardian is required. Names will NOT be posted unless written authorization is given by the student and parent/guardian, and t only first names will be used. If there are concerns about pictures or videos posed on the website, please contact the webmaster and they will be promptly removed. Do not sign below if you do not give authorization.

I, the parent/guardian of this participant _____, my son/daughter/individual under my guardianship, authorize and give full consent, without limitation or reservation to St. Columban Catholic Church to publish any photograph or video in which the above named student appears while participating in any program associated with this organization. There will be no compensation for use of any photograph or video at the time of publication or in the future.

X

Youth Participant Signature and Date

X

Parent/Guardian Signature and Date