

**ST. JOHN THE EVANGELIST YOUTH MINISTRY PROGRAM  
MEDICAL INFORMATION & LIABILITY RELEASE**

**Please print and complete all areas.**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

First Initial Last

Address \_\_\_\_\_

Street City State Zip

Home Phone \_\_\_\_\_ Student Cell Phone\* \_\_\_\_\_

Student Email Address \* \_\_\_\_\_

\*Please note: By providing the email address and/or cell phone number of a minor, the parents or guardians grant permission for any electronic communication from the group leaders to this young person for **all** youth ministry related messages and activities. Providing this information is **OPTIONAL**.

**EMERGENCY TELEPHONE NUMBERS:**

Phone numbers where our youth ministry leader can reach a parent or an emergency contact for the child named above during scheduled events.

Parent/Legal Guardian: Cell \_\_\_\_\_ Work \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL INSURANCE CARRIER:**

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

Insurance Group Number \_\_\_\_\_

**MEDICAL INFORMATION:**

Family physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Allergies, conditions, dietary restriction, special needs, medical concerns of which we should be aware:

Food \_\_\_\_\_ Drug \_\_\_\_\_

Animal \_\_\_\_\_ Other \_\_\_\_\_

Limitations of which we should be aware: \_\_\_\_\_

My child requires the following medicine: \_\_\_\_\_ Frequency \_\_\_\_\_

My child has permission to be given Tylenol or Ibuprofen if they request it. Yes No

In case of Medical Emergency I understand that, in the event medical treatment is required, every effort will be made to contact me or the emergency contact person. However, if I cannot be reached, I give permission to the staff and volunteers to secure the services of a licensed physician to provide the care necessary, including hospitalization, anesthesia, injection, or surgery for my child's well-being. I hereby agree to indemnify and hold harmless St. John the Evangelist Catholic Church, the Archdiocese of Philadelphia and its officers, employees, and volunteer staff from any liability.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

## St. John the Evangelist Youth Ministry Parent/Guardian Permission Form

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in the Youth Ministry Program here at St. John the Evangelist Parish, which may sometimes require transportation to a location away from the parish premises. Youth Ministry activities will take place under the guidance and supervision of employees and volunteers from St. John the Evangelist Parish. If you would like your child to participate in our Youth Ministry Program, please complete, sign, and return the following statement of consent and release of liability. As a parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

### **STATEMENT OF CONSENT**

I hereby consent to the participation by my child, \_\_\_\_\_, in the St. John the Evangelist Parish Youth Ministry Program. I understand that some events may take place away from Parish Grounds and that my child will be under the supervision of St. John the Evangelist Parish employees and volunteers.

I further give permission for any photos or video images taken of my child during any youth event, to be used in further publicity (i.e. print, broadcast, website, youth group Facebook page) efforts of St. John the Evangelist Parish.

In consideration of my child being allowed to participate in this program, I hereby agree on behalf of myself and my child to release St. John the Evangelist Parish, the Roman Catholic Archdiocese of Philadelphia, any and all affiliated organizations, their employees, agents and representatives, including volunteer and other drivers (collectively "Releasees"), from any and all claims, including negligence, arising from or relating to my child's participation in this group. In the event this release on the behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless "Releasees" from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in this program. This indemnification and hold harmless agreement does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

\_\_\_\_\_  
(Print Parent Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent Signature)

Please return these forms along with a \$40 payment per child made out to "St. John's Youth Ministry" in order to complete registration. You may register at any point during the 2017-2018 school year.

This registration fee goes towards the food, supplies, and catechetical materials for our weekly youth group meetings. Each child participating in Encounter will receive a workbook and parents will receive access to an online platform. Each of the teens and the parents of these teens participating in YDISCIPLINE will be given electronic access to the online platform. Additional fees will be due for specific outings as they are made available to the group.