

Church of Saint Benedict

2200 West Ithica Street
Broken Arrow, OK 74012
455-4451

Youth Liability/Consent Form

Participant's Name _____

Date of Birth: ____/____/____ Age: ____ School: _____ Grade: _____

Address: _____ City: _____ ZIP: _____

Mother's Name: _____ Phone: ____/____
(First) (Last) (Home) (Work)

Father's Name: _____ Phone: ____/____
(First) (Last) (Home) (Work)

Parent's Cell Phone: _____ Youth Cell Phone: _____

Youth e-mail: _____

Can we publish the following in a directory for youth group participants?

Email: Yes _____ No _____ Home Phone: Yes _____ No _____ Cell Phone #: Yes _____ No _____

Can we use a picture of your son/daughter in promotional material for the St. Benedict Youth Group? Yes _____ No _____

MEDICAL INFORMATION

Insurance Carrier/ID Number: _____

Allergies Known: _____

Can the youth director or assigned chaperones distribute the following medicine to your child:

___ Tylenol ___ Ibuprofen ___ Antacids/Tums ___ Neosporin/Burn ointment ___ Eye Wash/Saline Solution

Prescription/Non Prescription Drugs (currently being taken:) _____

Date of last Tetanus Booster: _____ Please explain any medical conditions we should be aware of:

Person to notify other than parent: _____
(Name) (Relationship) (Phone)

Physician: _____ Physician's Phone: _____

I, the undersigned, request that my child be allowed to participate in the Church of Saint Benedict Youth Group and Religious Education activities. I also grant permission for my child to attend and participate in any or all Church of Saint Benedict Youth Group and Religious Education activities.

RELEASE OF LIABILITY/MEDICAL AUTHORIZATION

This is to certify in the event of my unavailability, the Youth Coordinator, DRE or a Youth Coordinator representative, is authorized to order emergency medical care for my child named above at any physician, hospital, or authorized health care clinic, and also is authorized to execute any permission slips, or authorization required in connection with such care.

Furthermore, I, the undersigned, hereby waive and release from any and/or all claims, the Church of Saint Benedict and drivers for injury, accident, or illness which may directly or indirectly result from my son or daughter participating in any activity sponsored by the Church of Saint Benedict during the period from June 1, 2015 through August 31, 2016.

(Parent/Guardian Signature) **Date Signed** _____

COVENANT OF CONDUCT

I, the undersigned, understand that while on activities with the Church of Saint Benedict, I will acknowledge and obey all regulations of the group. These regulations include respect for my fellow youth group members and adult chaperones, proper dress and language, limited use of cell phones and headphones, restraint from any violent actions, restraint from drug, alcohol, and nicotine usage, and any other regulations deemed necessary by the youth coordinators. I also understand that failure to obey these regulations could result in my dismissal from a youth activity.

(Participant's Signature) (Parent/Guardian Signature)