

Assumption Church Westport-Medical Release Form and Communication Waiver

Please fill this out completely so we may use your information for all events your child attends during the years 2019-2020. You only need to fill it out once each school year unless your information changes. Please return to Youth Minister, Michele Harding as soon as possible. Thank you.

TEEN Name: _____ Teen Cell: _____ - _____ - _____ Texts: Y N Teen Email: _____

Address: _____ Age: _____ Birth date: ____/____/____ Grade _____

City: _____ Zip: _____ School _____ Home # _____

Parent/Guardian Name(s): _____ Mother/Guardian Cell# _____ - _____ - _____ Email _____

Parent/Guardian Name(s): _____ Father/Guardian cell# _____ - _____ - _____ Email _____

PARENTAL CONSENT (signature required)

I. The undersigned does hereby give permission for our (my) child to attend and participate in activities sponsored by the Assumption Church Youth Ministry Program.

II. We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any licensed physician or dentist. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered.

III. I hereby grant permission for non-prescription medication to be given, if deemed appropriate.

IV. Should it be necessary for our (my) child to return home due to medical reasons, behavioral reasons, or otherwise the undersigned shall assume all transportation costs.

V. The undersigned does also give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Assumption Church Youth Ministry.

Please provide the following information:

Father's signature Date

Medical/Hospital Insurance Carrier _____

Name of Policy Holder _____

Mother signature Date

Policy Number _____

Emergency Contact Name _____

Legal Guardian signature (if not parent) Date

Emergency Contact # _____

Medications: _____ Date of last tetanus/diphtheria immunization: _____

Allergies: _____

I give permission for my teen to be photographed during activities associated with Assumption Church Youth Ministry. I understand that said photos/videos maybe used for future Youth Ministry publications within Assumption Church and social media.

Signature (Parent/Guardian)

Date _____

I give permission for Youth Ministry Staff to communicate with my teen via e-mail, phone calls, and Facebook, Twitter, Instagram and other social media.

Signature (Parent/Guardian)

Date _____

TEEN CONTRACT - SIGNATURE REQUIRED

I understand that by requesting to participate in Assumption Youth, I am promising to cooperate with the youth minister, church staff, the priests, chaperones and other youth throughout our events. I promise to follow all instructions and rules. I understand that smoking, illegal drugs and alcohol is not allowed at any event. In the event that I fail to obey the guidelines set forth, I understand that I will be sent home at my family's expense.

Teen Signature

Date _____

IMPORTANT- Please list any physical limitations, medical conditions or dietary needs your teen may have:

