



## Consent & Health Forms

### Our Lady Help of Christians Youth Ministry

September 27<sup>th</sup>, 2019- June 27<sup>th</sup>, 2020

**Please Note: Kindly fill out a Consent and Health Form for each child. Your signature at the end indicates your consent and acceptance of the provisions included in this document.**

Child Name: _____
Parish/School: _____ D.O.B: _____
Sex: _____ Age: _____ Home Phone: _____
Parents Email Address: _____
Parents Cell Number: _____
Child Cell Number: _____
Mailing Address: _____
City, State & Zip: _____
Emergency Contact/Phone No.: _____

#### **To be completed by parent or guardian of minor (youth under the age of 18):**

As parent or guardian of \_\_\_\_\_,  
I hereby grant permission for my son or daughter to participate in Our Lady help of Christians Youth Ministry on respective Friday nights in the Church Hall. I understand that participation in this program may involve some risks despite the best efforts of the diocesan and parish/adult leaders and volunteers to supervise the participants and I agree to pay for any damages my child may incur or cause. I agree to hold the schools, the parishes, the Diocese of Brooklyn and all of their employees or volunteers harmless from any and all liability however caused which may result from my child's participation in the program and/or traveling to and from the program. I give permission to have my child's photo taken at events and be used for publicity purposes by Our Lady Help of Christians or the Diocese of Brooklyn.

I authorize the diocesan and parish/adult leaders and volunteers involved with this program to obtain any emergency medical treatment which my child might require in connection with this program.

**HEALTH INFORMATION** – To be completed for all youth.

Family Health Insurance Co.: \_\_\_\_\_

Policy No. \_\_\_\_\_

Physician or  
Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician/Clinic  
Address: \_\_\_\_\_

**Immunizations:** Please provide date of latest tetanus immunization: \_\_\_\_\_

**Medical Conditions/Allergies:** Please list below any known medical conditions. Please attach a statement noting all known allergies including how the child has been treated and with what medication. If medications are needed occasionally or regularly, please send them with your child in case of need.

\_\_\_\_\_  
\_\_\_\_\_

**Transportation/Drop-Off-Pick-Up**

The parent/guardian is responsible for dropping off and picking up their child (ren) who are minors (under 18 years of age) to the Parish youth site for each and every Youth Group gathering. The parish and its staff are not responsible for escorting your child (ren) home at the dismissal of the youth gathering.

**SIGNATURE OF PARENT OR GUARDIAN OF MINOR (YOUTH UNDER AGE 18)**

I certify that the above information is correct and give permission for my son/daughter to participate in Our Lady Help of Christians Youth Ministry. I also grant permission for the release of my child's medical records to an attending physician in case of illness. I fully understand the consequences of the foregoing statements and sign this form knowingly, freely, and willingly. (Your signature must appear below or your child will not be permitted to participate in the Youth Ministry program

Parent/Guardian's Name (Please Print)

\_\_\_\_\_

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