

St. Joan of Arc Youth Ministry Permission Slip 2017-2018

Parental Consent Form

I/we the parent(s) or legal guardian(s) of (print child's name) _____, a minor, do hereby grant permission for my/our child to participate in St. Joan of Arc Church & Youth Ministry sponsored events co-sponsored events, special events, service projects and socials, located on or off of St. Joan of Arc Church grounds. I/we the parent(s) or legal guardian(s) understand that specific event permission forms may be required at a later date in addition to this form.

I/we agree by my/our mutual signature(s) to release, absolve, indemnify and hold harmless St. Joan of Arc Church & St. Joan of Arc Youth Ministry, the Youth & Young Adult Ministry and CYO Office, Catholic Charities and its affiliates, the Roman Catholic Diocese of Cleveland, the Bishop of the Roman Catholic Diocese of Cleveland, and any and all Catholic Churches or Parishes and any and all staff, supervisors, volunteers, organizers or sponsors thereof, and from any and all liability for injury, medical fees, hospital bills, or doctor bills of aforesaid child. I/we waive all claims of any kind against any or all of the organizations or persons hereinabove enumerated, including any and all claims against person or persons transporting aforesaid child to or from any activities hereinabove named.

X _____
Parent/Guardian Signature Date

Video/Photo Release

I/we hereby give my/our consent to St. Joan of Arc Church & Youth Ministry to videotape/ photograph (print child's name) _____ and without limitation, to use such pictures, film, and or stories in connection with any of the work of St. Joan of Arc Church & Youth Ministry, including social media and I do hereby release St. Joan of Arc Church & St. Joan of Arc Youth Ministry from any and all claims whatsoever which may arise in said regard.

X _____
Parent/Guardian Signature Date

**It is not necessary for you to sign this video/photo release in order for your child to attend the program. However, it would be to our convenience and assist us in promoting St. Joan of Arc Church & St. Joan of Arc Youth Ministry programs if you would sign it.

Authorization and Release for Emergency Medical Treatment

I/we the parent(s) or legal guardian(s) of (print child's name) _____ do hereby give my consent for any official adult representative (volunteer or staff) of St. Joan of Arc Church & St. Joan of Arc Youth Ministry, in the event that all reasonable attempts to contact me at the below numbers have been unsuccessful, to seek medical attention and treatment as deemed necessary.

This authorization does not cover major surgery unless the medical opinion of two licensed physicians or dentists concurs in the necessity for such surgery and is obtained before surgery is performed.

Any and all information concerning the above named child's history including allergies, medication and physical impairments, has been reported in the medical section below. In the event of an emergency, I authorize an adult representative (volunteer or staff) of St. Joan of Arc Church & Youth Ministry to share the completed registration information packet with persons related to the treatment of my child.

X _____
Parent/Guardian Signature Date

Parent/Guardian Contact Information (in the event of an Emergency)

Parent/Guardian Name (s): _____

Address/City/State/Zip: _____

Please list all phone numbers in case of an emergency

Home: _____ Mom cell: _____ Dad cell: _____

Child's Medical Information

Health insurance carrier: _____

Name of policyholder: _____

Member number: _____

Group number: _____

Child's birthdate: _____

Please list any important medical information such as allergies, asthma, special needs, and any medication your child may be taking that a physician or dentist should be alerted: _____

I/we the parent(s) or legal guardian(s) fully understand that if I/we have any questions about St. Joan of Arc Youth Ministry events I/we may contact Melissa Olenik, the Coordinator of Youth Ministry, at 440-247-4316 (office) or 440-773-0113 (cell).

X _____

Parent/Guardian Signature

Date