

## EMERGENCY MEDICAL RELEASE FORM and PERMISSION FORM

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

YOUTH NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

YOUTH CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

PARENT NAMES \_\_\_\_\_ CELL # \_\_\_\_\_ EMAIL \_\_\_\_\_

Other contact \_\_\_\_\_ phone # \_\_\_\_\_ relation to child \_\_\_\_\_

Please complete this form and it will remain on file for the **2019-2020 year** in youth ministry. Please return at first RELIGIOUS ED class.

(The purpose of the following medical release form is to enable parents and guardians to authorize the provision of emergency treatment for minors who become ill or injured under All Saints Parish and High 5 Youth Group authority, when parents and guardians cannot be reached.)

In the event reasonable attempts to contact me at \_\_\_\_\_ (home phone #) or \_\_\_\_\_ (cell phone #) or \_\_\_\_\_ (other parent or guardian) at \_\_\_\_\_ (phone #) have been unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary to

Dr. \_\_\_\_\_ (preferred physician) at \_\_\_\_\_ (phone #)

Dr. \_\_\_\_\_ (preferred dentist) at \_\_\_\_\_ (phone #)

or in the event that the designated practitioner is not available, by another licensed physician or dentist.

2. The transfer of the minor to the nearest hospital.

List facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

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

Name of Policy Holder \_\_\_\_\_ Name of Insurance Carrier \_\_\_\_\_

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

**Also**, as parent or legal guardian, I give \_\_\_\_\_ my **permission** to participate in High Five Youth Ministry (grades 7-12) activities and trips. I agree to assume full responsibility for bodily injury, loss of personal property, and expenses thereof, if they should occur as the result of my youth's negligence. In consideration for my youth's participation, I further agree not to hold All Saints Parish or the Coordinator of Youth Ministry, or Youth Ministry Volunteers to claims of ordinary negligence. I also agree that pictures taken at functions sponsored by All Saints Parish can be posted on the parish website,

X \_\_\_\_\_ Date \_\_\_\_\_

(Signature of parent or **legal** guardian)

Address: \_\_\_\_\_

Youth Name \_\_\_\_\_ Phone \_\_\_\_\_

I am interested in being involved in/going to:

- |   |   |
|---|---|
| <input type="checkbox"/> Reader   | <input type="checkbox"/> Diocesan Youth conference                            |
| <input type="checkbox"/> Eucharistic Minister<br>(need to be 16 or older) | <input type="checkbox"/> Oktoberfest  |
| <input type="checkbox"/> Usher  | <input type="checkbox"/> TEC (Juniors & Seniors) application at Parish Office |
| <input type="checkbox"/> Youth Choir                                      | <input type="checkbox"/> CYO Boys Basketball                                  |
| <input type="checkbox"/> Singing  | <input type="checkbox"/> Youth Board  |
| <input type="checkbox"/> Instrument (what) _____                          | <input type="checkbox"/> Famine Experience                                    |
| <input type="checkbox"/> Serving  | <input type="checkbox"/> Washington DC March for Life Trip                    |
| <input type="checkbox"/> YES project                                      | <input type="checkbox"/> Cedar Point Day                                      |
|   | <input type="checkbox"/> Exclaim  |

Please mark the sacraments you have received: ☐ Baptism ☐ Eucharist ☐ Reconciliation ☐ Confirmation

At school my activities are: (sports, extra curricular, etc.) \_\_\_\_\_

My career interests are: \_\_\_\_\_

**Please use separate forms for each high school youth. If you need more forms, extras are available at the Parish Office or you can print the form from [www.allsaints-parish.com](http://www.allsaints-parish.com), click on Ministry, and then click on Youth Ministry.**



## **Parent Volunteer Form Below**



Please check one or several of the following events that you would be able to help with.

- |   |   |
|---|---|
| <input type="checkbox"/> Youth Group Team   | <input type="checkbox"/> Famine Experience            |
| <input type="checkbox"/> Oktoberfest        | <input type="checkbox"/> Walk for Life on Good Friday |
| <input type="checkbox"/> Christmas caroling | <input type="checkbox"/> CYO                          |

Please call the office at 419-595-2567 or email Kathy Reinhart at [kathy.allsaints@gmail.com](mailto:kathy.allsaints@gmail.com) or Cindy Brickner at [cindy.allsaints@gmail.com](mailto:cindy.allsaints@gmail.com) if you have any questions, comments, or concerns.

Thank you for all that you do to make things happen for our youth. You are the first and primary youth minister in their life and what a privilege it is for us that they are involved in parish life and youth ministry. May God bless you and your family abundantly.