



6TH-12TH GRADE STUDENTS
WEDNESDAYS | 7-830P | PARISH HALL
• RETREATS • SERVICE PROJECTS • PRAISE & WORSHIP •

Child's Name: _____ Date of Birth: _____

Age: _____ Grade Level: _____ Sex: MALE FEMALE

Child Resides With: PARENTS MOTHER FATHER GRANDPARENTS LEGAL GUARDIAN

SACRAMENTAL INFORMATION

Has this child been baptized in the Catholic Church? YES NO
Name + city of parish where sacrament was received: _____

Has this child made their first Reconciliation (Confession) in the Catholic Church? YES NO
Name + city of parish where sacrament was received: _____

Has this child received their first Communion in the Catholic Church? YES NO
Name + city of parish where sacrament was received: _____

Has this child received Confirmation in the Catholic Church? YES NO
Name + city of parish where sacrament was received: _____

My child will be preparing to receive the sacrament of Confirmation this year: YES NO

MEDICAL INFORMATION

Does this child take any medications OR have any medical conditions?
(diabetes, epilepsy, heart conditions, etc.)
YES NO If yes, please explain. _____

Does this child have any allergies? (insects, hay fever, strawberries, peanuts, etc.)
YES NO If yes, please explain. _____

Does this child have any allergies or adverse reactions to medications?
(penicillin, ibuprofen, acetaminophen, etc.)
YES NO If yes, please explain. _____

Does this child have any disabilities or physical or developmental limitations?
YES NO If yes, please explain. _____

As a rule, medication will not be administered by parish pastors, staff, or volunteers. The exception is an Family Formation/Youth program or activity that includes an extended day or overnight activity. If medication is required a separate Consent and Waiver Medication Form must be completed prior to the activity.

CONDUCT POLICY

I hereby acknowledge the participant is to maintain conduct in a manner consistent with the policies of the parish and/or the Diocese of Tulsa. I understand that failure to do so may result in my child being required to leave the youth activity and/or to discontinue participation in future youth programs and activities at the discretion of the parish, school, and/or the Diocese of Tulsa. Understanding this, my child and I commit to the following (Parent/Participant 12 years of age and older each sign below):

My child will not possess, obtain, use, or abuse alcohol, tobacco, or any other illegal substances. I understand that failure to abide by this rule will result in my child's immediate dismissal from the youth activity. I also understand that my child may be required to discontinue participation in future youth activities at the discretion of the parish, school, and/or the Diocese of Tulsa.

Parent Name: _____ Parent Signature: _____

Student Name: _____ Student Signature: _____

My child will not possess, obtain, or use a weapon of any kind, including pocket knives. I understand that failure to abide by this rule will result in my child's immediate dismissal from the youth activity. I also understand that my child may be required to discontinue participation in future youth activities at the discretion of the parish, school, and/or the Diocese of Tulsa.

Parent Name: _____ Parent Signature: _____

Student Name: _____ Student Signature: _____

My child will maintain decorum and discipline. I understand that, should a discipline problem arise and my child is involved, my child will be immediately dismissed from the activity. I also understand that my child may be required to discontinue participation in future youth activities at the discretion of the parish, school, and/or the Diocese of Tulsa.

Parent Name: _____ Parent Signature: _____

Student Name: _____ Student Signature: _____