



ST. ANDREW LIFE TEEN / CONFIRMATION PROGRAM
2019-2020 MEDICAL FORM



We ask that everyone fill this out completely so we may use this information for all events your child attends during the 2019-2020 academic year. You only need to fill it out once each school year unless your information changes. If any of the following information changes, please fill out a new form. Please return this form to the parish office as soon as possible or email it to lleach@standrewcatholic.org. Thank you.

TeenName: _____ Teen Cell: _____

Address _____ City: _____ Zip: _____

Age: _____ Birth date: ____/____/____ Grade _____ T-Shirt Size: _____ Sex _____ Home #: _____

Parent/Guardian Name(s): _____

ParentCell #(s): _____ Parent Email(s): _____

PARENTAL CONSENT (signature required)

- I. The undersigned does hereby give permission for our (my) child to attend and participate in activities sponsored by the St. Andrew LifeTeen/Confirmation 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 the St. Andrew LifeTeen/Confirmation Program.

Please provide the following information:

Father's Signature	Date	Medical Insurance Carrier
Mother's Signature	Date	Name of Policy Holder
Legal Guardian's Signature (if not parent)	Date	Policy Number
Medications	Allergies	Emergency Contact Name & Number

I give permission for my teen to be photographed during activities associated with St. Andrew LifeTeen/Confirmation Program. I understand that said photos/videos may be used for future program publications within the St. Andrew Community and social media.

Signature (Parent/Guardian) Date

I give permission for St. Andrew LifeTeen/Confirmation Program Staff and volunteers to communicate with my teen via e-mail, phone calls, Facebook, Twitter, and other social media.

Signature (Parent/Guardian) Date

TEEN CONTRACT - SIGNATURE REQUIRED

I understand that by requesting to go on St. Andrew LifeTeen/Confirmation Program events and activities, I am promising to cooperate with the youth ministers, church staff, the priests, CORE members, and other youth throughout the trip. I promise to follow all instructions and rules. I understand that smoking on any trip is not allowed. I agree that I will not bring or use any illegal drugs or alcohol. 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, dietary needs, and specific medical conditions your teen may have on the reverse side of this form.