



Good Samaritan Catholic Church

2023-24 CHILDREN/YOUTH FORMATION REGISTRATION

(Please print clearly and fill out one form front and back for each child)

Child's Name: _____ Child's Grade in 2023 /2024 _____

Parent/Guardian Name _____ Date _____

Phone: _____ Cell: _____

Email: _____

Child's Date of Birth: _____

Has child been Baptized? _____ ☐ Catholic ☐ Protestant

Copy of Baptismal certificate required for children receiving sacraments

SELECT ONLY ONE THAT APPLIES:

- ☐ 1st - 5th or 10th – 12th Grade Formation (not a sacrament year)
- ☐ First Reconciliation & First Communion (at least age 7) & Formation
- ☐ First Reconciliation (at least age 7) & Formation
- ☐ First Communion (at least age 7) & Formation
- ☐ Confirmation (10th/11th/12th graders; weekend retreat included) & Formation

Sacraments received by Confirmation candidate: _____

Are you registered?

- ☐ St. Gabriel
- ☐ Good Samaritan

If you are not registered with either church, please fill out a "Parish Registration Form" and hand in with this form.

PARENT/GUARDIAN CONSENT TO CONTACT YOUTH (ages 11-18 only)

As the parent/guardian of _____, I give permission for the parish staff and grade level catechists to contact my youth via email or cell phone with updates and information related to formation.

Youth cell phone number: _____ Youth email: _____

Parent/Guardian signature: _____

-Over-

Emergency Medical Treatment Release

Child's Name _____ Date _____

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: _____

Phone: _____ Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the parish/school, its officers, directors and agents, and the Arch/Diocese of Richmond, chaperons, or representatives associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I will be called and will pick up my child when notified.

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary and such medications will be in the original container. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Signature: _____ Date: _____

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

-OR-

I hereby grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate. I will be informed before any medication is administered.

Signature: _____ Date: _____

Specific Medical Information: The parish/school will take reasonable care to see that the following information will be held in confidence.

Allergies (medications, foods, plants, insects, etc.) _____

Allergic reactions (rash, swelling, anaphylaxis): _____

Does child have a medically prescribed diet? _____

Does child have any physical limitations? _____

You should be aware of these special medical conditions, behavioral issues and/or disabilities of my child:
