

ROMAN CATHOLIC DIOCESE OF OWENSBORO, 600 Locust St., Owensboro, KY 42301

ST. WILLIAM AND ST. LAWRENCE PARISHES, 9515 State Route 144, Philpot, Kentucky 42366

EMERGENCY MEDICAL RELEASE AND HEALTH INFORMATION FOR MINORS

Minor Participant's Name _____ Male/Female (circle)

Address _____

Father's Name _____ Cell Phone _____

Address _____

Mother's Name _____ Cell Phone _____

Address _____

In an emergency, please notify
(Name/Phone#) _____

Name of Individual In Case Parent/Guardian Cannot Be Reached _____

Phone: () _____ Is anyone designated as the primary or sole custodial parent by court order or
decree? NAME _____

Name anyone who is restrained from picking up the child. _____

HEALTH HISTORY

Child's Physician: _____ Any pre-existing or present medical conditions, disabilities,
physical handicaps, or major illnesses: _____

Name of any prescription medications and concise directions, including dosage and frequency of dosage:

Any allergies (food, latex, animals, etc?) Yes/No _____ If yes, explain _____

Allergic to any medications? Yes/No _____ If yes, explain _____

Tetanus shot Up-to-Date? Yes/No Contact lenses? Yes/No

Any activity restrictions? _____ Yes _____ No Explain _____

EMERGENCY MEDICAL RELEASE AND HEALTH INFORMATION FOR MINORS (cont'd.)

Consent for Emergency Care

I/We, the undersigned parent(s)/guardian of _____ do hereby request and give permission for the provision of necessary medical treatment for the above-named child. I/we understand that supervisory personnel will immediately seek to reach the above-named child's contact(s) in case of a medical emergency. If any injury/incident does occur during this event that requires transportation to a hospital or doctor, I/we give permission for a representative of the parish/school/etc. to secure necessary medical attention. I/we further authorize any duly qualified physician, dentist, or hospital to render such aid or treatment that may be necessary and understand that I/we assume responsibility for the cost of any such treatment. I/we authorize the release of pertinent medical information to supervisory personnel.

*** Please understand that, depending upon the seriousness of the situation, your child may be transported to the nearest hospital.**

Parent/Guardian Signature: _____ Date: _____

Witness to Signature: _____ Date: _____

Health Insurance Company (that covers above-named child): _____

Insurance Policy #: _____ Group #: _____

PERMISSION FORM & LIABILITY RELEASE

PURPOSE: This Permission Form/Liability Release is intended to cover all diocesan-, deanery-, parish-, and Catholic school sponsored activities for anyone under the age of eighteen (18). Catholic schools and/or programs have the right to require parent/guardian to give permission for students/participants eighteen (18) years of age or older.

I/We, the parent(s) and/or legal guardian(s) of _____ (child's name), hereby request permission for this child to participate in any and all of the activities of the Roman Catholic Diocese of Owensboro and _____ (name of organization) I/We release from responsibility any person transporting my/our child to or from activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. Taking into account the subject's age, I/we believe that the subject of this release is physically and mentally capable of taking reasonable precautions to protect his/her own safety and has the maturity and judgment not to put himself/herself or others in dangerous situations.

--I hereby consent to the use of a photograph of my child for the purpose of publication. _____ Yes _____ No

Parent/guardian Signature _____ Date _____

Adult witness to Signature _____ Date _____

Received by _____ Date _____

(Signature of DRE, CRE, Teacher/School Personnel, Youth Representative, etc.)

DURING THE YEAR, IF THERE ARE ANY CHANGES IN THE INFORMATION ON THIS FORM, IT IS YOUR RESPONSIBILITY TO NOTIFY THE APPROPRIATE LEADER AND GET THE FORM UPDATED. (e.g. insurance policy changes, changes in medical condition or medicines, court orders, etc.)

Parish/School Name: _____

Diocese of Owensboro Opt-Out Form: Minors' Safe Environment Training

(Form required for any registered participant not receiving training)

Safe Environment training for minors:

- recognizes the God-given dignity of all Church participants, including the young.
- is an annual teaching requirement within Catholic schools and church youth programs.
- helps children/youth experience a healthy Church setting as they develop their relationship with Christ.
- focuses on **safe personal boundaries, protection from physical/sexual boundary violations, and appropriate trusting relationships with adults.**
- has age-appropriate training materials available for parental review.

Parent/Guardian name _____ Phone # _____

Address _____
Street City State Zip

_____ The child/ren listed below may not participate in this parish/school's Safe Environment training this year. (The parish/school will still provide relevant educational information for you and your family because of the importance of this topic.)

Child's Name _____

Grade/age _____
Has this child received any sexual abuse prevention training elsewhere this year? If so, when _____ and where? _____

Child's Name _____

Grade/age _____
Has this child received any sexual abuse prevention training elsewhere this year? If so, when _____ and where? _____

Child's Name _____

Grade/age _____
Has this child received any sexual abuse prevention training elsewhere this year? If so, when _____ and where? _____

Parent/Guardian Signature _____

Date _____

Received by _____ on _____
Representative from Catholic School/Church Date