

IHM Youth Ministry

PARENTAL CONSENT/MEDICAL/REGISTRATION FORM

Are there any medications that should not be administered to this participant?

(allergies, interactions, etc.) _____

If participant is under 18

I hereby grant permission for nonprescription medication (such as acetaminophen, ibuprofen, throat lozenges, cough syrup, etc) to be given my child if deemed advisable.

_____/_____/_____
Signature of participant over 18 or Parent/Legal Guardian Signature

Primary Care Physician: _____ Phone: (____) _____

Primary Insurance Company: _____

Policy # _____ Group # _____

I understand and have been informed that taking part in youth ministry events involves the risk of injury, and that participation is voluntary. I understand that the program will have competent adult supervision and reasonable and appropriate measures will be made to minimize the risk of injury and/or accident for all participants.

I hereby consent and authorize any staff members and/or adult volunteers under whose auspices the program for which my child or myself is being conducted to secure emergency medical care or treatment that may be necessary for myself/child during ministry event. This consent and authority includes, but is not limited to, the ability to apply for admission to any health care facility, to arrange for and consent to health care procedures, and to arrange for any necessary transportation. This consent and authorization also includes the right to request, review and receive any oral or written information regarding my or my child's physical or mental health including medical and hospital records and including the authority to execute any releases that may be necessary to obtain this information. Furthermore, I release and hold harmless any said staff member and/or adult volunteer from any liability as a result of that staff member or adult volunteer who acting in good faith is placed in a position of making decisions required for emergency care or medical treatment for myself/child. In case of an accident, injury or loss, neither my family nor I will hold IHM Youth Ministry, the parish, nor any person or affiliate organization associated with events, responsible or liable.

I am hereby advised that photographs or video of participants may be taken during youth events and used in newsletters, publications, IHM Youth Ministry's potential future website, and other materials produced from time to time by IHM Youth Ministry. (Participants would not be identified, however, without specific written consent). I understand that if I do not wish to have video or photographs used for such publications that I must provide written notification to IHM Youth Ministry. I hereby acknowledge that the above information is true and accurate. By signing below I grant consent for _____ to participate in this youth ministry and in its events.

Participant Signature: _____ Date: ____/____/____

Parent/Gaurdian Signature: _____ Date: ____/____/____

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• This form is to be completed for all participants/chaperones and signed by a parent or guardian if the participant is still in high school.

Participant's Name: _____

Address: _____

E:mail: _____

Shirt Size: _____ Birthdate: ___/___/____ Age: _____ Grade: _____

Coordinator: IHM Youth Ministry, Immaculate Heart of Mary Catholic Church

Primary Emergency Contact: _____ Relationship: _____

Address: _____

Phone: _____ Work: _____ Cell: _____

Email: _____

Secondary Emergency Contact: _____ Relationship: _____

Address: _____

Phone: _____ Work: _____ Cell: _____

Allergic Reactions: (medications, food, insects, etc.) _____

Current Prescription Medications: _____

Special Medical Conditions: _____ No _____ Yes (If yes, please describe)
