

- St. Joseph Emergency Medical Information and Activity Permission Slip
 - 2017-2018 School Year

Family Last Name _____

List Students:

Name/Student	Date of Birth	Grade going into fall of 2017
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Parent/Guardian Name _____

Address _____

City, State _____ Zip _____

Father Phone/Cell Number _____

Mother Phone/Cell Number _____

Regularly checked Email Address _____

Insurance Information/Carrier _____

Policy Number _____, ID # _____

Policy Holder _____

List Child/List allergies/medications/How to treat Conditions:

Emergency Contact Information in case parents can't be reached.

Contact Name #1: _____ Phone/Cell Number _____

Contact Name #2 _____ Phone/Cell Number _____

List additional information: How would you like to help the CCD, Youth Programs:

Liability Release

I _____ certify that _____ (list all children) has my full approval to participate in activities associated with St. Joseph's Youth Group, CCD, and Vacation Bible School Programs. My child understands that all attendees are expected to behave in a Christian like manner and will be directly responsible to the Youth Director, CCD Coordinator, and chaperones. Designated group leaders assume responsibility for discipline at activities, and, if necessary, because of conduct or disobedience, require my child attending the function to leave. In such instance, I will assume responsibility for returning my child home.

Further, I do release and hereby agree to hold blameless, St. Joseph's Catholic Church, Youth Director, Virtus Trained Volunteers from St. Joseph Catholic Church, the diocese of Jefferson City, and its volunteers and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with this St. Joseph Catholic Church. I also understand that some activities may involve travel and the only non-commercial transportation allowed will be provided by Youth Leaders of this group who are Virtus Trained or employees of the parish/diocese.

I understand that my child's transportation to and from youth group meetings is not the responsibility of St. Joseph's Catholic Church.

In the event I cannot be reached by the phone, I authorize the sponsor of Youth Group activities to give consent to a physician and/or hospital for emergency medical or surgical treatment while on the trip/participating in the activity. It is understood that I will assume financial responsibility for any expense that may be incurred for said emergency treatment.

I do certify that said child is covered under adequate accident insurance. My consent and signature is given below. I have read and agree to the information given in this entire form.

Parent Signature _____

Date: _____

Photo Release

I hereby Grant/Do not Grant (please circle one) permission for St. Joseph's Catholic Church to use pictures of my child _____ name of child/children in online communications including the parish website or parish social-networking sites, for informational or promotional purposes.

Parent Signature _____ Date _____