

**Saint Raphael Parish High School Youth Ministry (HSYM)**  
**Participant Information/Emergency Medical Form for 2013-2014**

**Why we need this form.....**

- This information helps us to keep you informed about what's happening in HSYM throughout the year.
- Your COMPLETE medical/emergency information helps us to ensure your safety at all of our events and filling out this form will save you and your parents from filling it out over and over again throughout the year ☺!
- IMPORTANT: PLEASE NOTIFY AMY IF ANY OF THE INFORMATION CHANGES DURING THE 2013-2014 SCHOOL YEAR.

**TEEN INFORMATION:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Parish: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Teen's Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ok to text teen? YES / NO

Teen's Email: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

High School: \_\_\_\_\_ Class of (please circle) '14 '15 '16 '17

**PARENT/GUARDIAN INFORMATION:**

Mother's Full Name: \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ok to text mom? YES / NO

Mother's Email: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ok to text dad? YES / NO

Father's Email: \_\_\_\_\_

Teen lives with (check one): \_\_\_ Mother and Father \_\_\_ Mother only \_\_\_ Father only

\_\_\_ Mother and Stepfather Stepfather's Name: \_\_\_\_\_

\_\_\_ Father and Stepmother Stepmother's Name: \_\_\_\_\_

\_\_\_ Guardian(s) Guardian's Name: \_\_\_\_\_

***In case of emergency and parents/guardian cannot be reached, please list two people to contact:***

1) \_\_\_\_\_  
Name Relationship to Teen Phone

2) \_\_\_\_\_  
Name Relationship to Teen Phone

*Continued on back →*

## Emergency/Medical Release Form

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

**Part I or II must be completed.**

Full Name of Teen: \_\_\_\_\_

**PART I AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

In the event reasonable attempts to contact me, \_\_\_\_\_ (parent/guardian), at \_\_\_\_\_ (phone number) OR \_\_\_\_\_ (alternate phone), or \_\_\_\_\_ (other parent/guardian) at \_\_\_\_\_ (phone) have been unsuccessful, I, as the parent or legal guardian of \_\_\_\_\_ (teen's name) do hereby give my consent for St. Raphael Parish staff, or an adult representatives of the St. Raphael High School Youth Ministry Program **(1)** to seek medical attention and treatment deemed necessary by: Dr. \_\_\_\_\_ (preferred physician) at \_\_\_\_\_ (phone) and/or Dr. \_\_\_\_\_ (preferred dentist) at \_\_\_\_\_ (phone), or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and **(2)** I give permission to transfer my child to \_\_\_\_\_ (preferred hospital) or any hospital reasonably accessible. This authorization does not cover major surgery, unless the medical opinion of two other licensed physicians or dentists concur on the necessity for such surgery is obtained prior to the performance of such surgery.

**Health Insurance Carrier:** \_\_\_\_\_

**Name of Policy Holder:** \_\_\_\_\_

**Policy/Group/Member/Claim Number:** \_\_\_\_\_

*Please list any medical conditions, allergies, medications, special physical or dietary needs, etc., that we should be aware of:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I give permission for the HSYM staff/volunteers to administer the following otc medication in proper dosages to my teen if necessary:* \_\_\_\_\_ Acetaminophen-Tylenol \_\_\_\_\_ Ibuprofen- Advil \_\_\_\_\_ Benadryl

*Please mark next to each otc medication if permission is given.*

**X** \_\_\_\_\_

Parent/Guardian Signature

Date

**PART II REFUSAL TO CONSENT FOR EMERGENCY MEDICAL TREATMENT**

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the St. Raphael High School Youth Ministry staff/adult representative to take no action or to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**X** \_\_\_\_\_

Parent/Guardian Signature

Date

**Saint Raphael Parish High School Youth Ministry (HSYM)**  
**Parental Consent Form for Teen Participant/Media Release Form**  
**2013-2014**

I/we, the parent(s) or legal guardian(s) of \_\_\_\_\_ (teen participant's name- please PRINT) do hereby grant permission for the aforesaid participant to participate in the 2013-2014 High School Youth Ministry Program of Saint Raphael Parish, Bay Village, Ohio.

We will gather at the parish for events such as, but not limited to, Sunday Evening gatherings, Bible studies, book clubs, service projects, social gatherings, prayer services, and the celebrations of Sacraments (Mass, Reconciliation)

If any gatherings/events are scheduled away from St. Raphael Parish grounds, a separate consent form will be need to be completed before a teen may participate in the offsite event.

I/we agree by my/our mutual signature(s) to waive and relinquish all claims, fully release and discharge and agree to indemnify and hold harmless and defend St. Raphael Parish of Bay Village, the Roman Catholic Diocese of Cleveland, the Bishop of the Roman Catholic Diocese of Cleveland, and any and all Catholic Churches or Parishes and any and all supervisors, volunteers, organizers or sponsors thereof, and from any and all liability for injury, medical fees, hospital bills, or doctor bills of aforesaid participant. I/we waive all claims of any kind against any or all of the organizations or persons hereinabove enumerated, including any and all claims against person or persons transporting aforesaid participant to or from any activities hereinabove named.

I/we also hereby give permission and authorize to photograph or otherwise electronically or digitally record any image, or that of the aforesaid participant and without limitation to use such photographs or electronics images and or stories in connection with any work of the St. Raphael Parish High School Youth Ministry Program without consideration of any kind, and I do hereby release St. Raphael Parish of Bay Village, Ohio from any claims whatsoever which may arise in said regard.

X \_\_\_\_\_  
Mother/ Guardian's Signature or Participant's Signature if 18 years or older

X \_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

*Saint Raphael Parish*  
525 Dover Center Road, Bay Village, Ohio 44140  
440-871-1100