# Saint Raphael Parish High School Youth Ministry (HSYM) Participant Information/Emergency Medical Form for 2014-2015

#### Why we need this form.....

Name

- 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 2014-2015 SCHOOL YEAR.

TEEN INFORMATION:				
First Name:	Last Name	<u>.</u>		
Street Address:				
		Parish:		
Date of Birth://				
Teen's Cell Phone: (	) Ok t	to text teen? YES / NO		
Teen's Email:		T-shirt size:		
		Class of (please circle) '15 '16 '17 '1	.8	
PARENT/GUARDIAN INFOR	MATION:			
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? Y	ES / NO		
Father's Email:		<del></del>		
Teen lives with (check one):	Mother and Father	Father only		
Mother and Stepfa	ather Stepfather's Name	e:		
Father and Stepmo	other Stepmother's Nar	Stepmother's Name:		
Guardian(s)	Guardian's Name:	Guardian's Name:		
In case of emergency and parer	nts/guardian cannot be reache	ed, please list two people to contact:		
1)				
Name	Relationship to Teen	Phone		

Relationship to Teen

Phone

## 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:			<u> </u>
PART I A	UTHORIZATION FOR EMERGENCY I	MEDICAL TREATMENT	
In the event reasonable	attempts to contact me,		(parent/guardian),
	(phone number) OR		
	(other parent/guardian	) at	(phone) have
been unsuccessful, I, as	the parent or legal guardian of		(teen's name)
do hereby give my conse	ent for St. Raphael Parish staff, or a	n adult representatives	of the St. Raphael High
School Youth Ministry Pr	rogram <b>(1)</b> to seek medical attentio	on and treatment deeme	ed necessary by:
Dr	(preferred physician) a	at	(phone) and/or
Dr	(preferred dentist) at _		(phone), or in
<del>-</del>	d preferred practitioner is not avail		
(2) I give permission to t	ransfer my child to		_(preferred hospital) or any
hospital reasonably acce	essible. This authorization does not	t cover major surgery, u	nless the medical opinion of
two other licensed physi	icians or dentists concur on the nec	cessity for such surgery i	s obtained prior to the
performance of such sur	gery.		
<b>Health Insurance Carrie</b>	r:		
Name of Policy Holder:			
	conditions, allergies, medications,		•
	HSYM staff/volunteers to administ	er the following otc med	lication in proper dosages to
my teen if necessary:	Acetaminophen-Tylenol Please mark next to each otc medic		Benadryl
X			
Parent/Guardian Signature		Date	-
PART II	REFUSAL TO CONSENT FOR EMERG	SENCY MEDICAL TREATM	MENT
I do not give my consent	t for emergency medical treatment	of my child. In the ever	nt of illness or injury
requiring emergency tre	atment, I wish the St. Raphael High	School Youth Ministry	staff/adult representative
to take no action or to:_			
X			
Parent/Guardian Signature		Data	-

# Saint Raphael Parish High School Youth Ministry (HSYM) Parental Consent Form for Teen Participant/Media Release Form 2014-2015

I/we, the parent(s) or legal guardian(s) of	(teen
participant's name- please PRINT) do hereby grant pe participate in the 2014-2015 High School Youth Minis Village, Ohio.	
We will gather at the parish for events such as, but no Bible studies, book clubs, service projects, social gathe celebrations of Sacraments (Mass, Reconciliation)	
If any gatherings/events are scheduled away from St. consent form will be need to be completed before a t	
I/we agree by my/our mutual signature(s) to waive and discharge and agree to indemnify and hold harmless a Village, the Roman Catholic Diocese of Cleveland, the Cleveland, and any and all Catholic Churches or Parish volunteers, organizers or sponsors thereof, and from fees, hospital bills, or doctor bills of aforesaid particip against any or all of the organizations or persons here all claims against person or persons transporting afore hereinabove named.	and defend St. Raphael Parish of Bay Bishop of the Roman Catholic Diocese of les and any and all supervisors, any and all liability for injury, medical ant. I/we waive all claims of any kind sinabove enumerated, including any and
I/we also hereby give permission and authorize to phodigitally record any image, or that of the aforesaid particles photographs or electronics images and or stories Raphael Parish High School Youth Ministry Program who hereby release St. Raphael Parish of Bay Village, Olemay arise in said regard.	rticipant and without limitation to use in connection with any work of the St. without consideration of any kind, and I
X	X
Mother/ Guardian's Signature or Participant's Signature if 18 years or older	Father's Signature
Print Name	Print Name

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

Date

Date