

YOUTH MINISTRY EVENT PARTICIPATION PERMISSION AND RELEASE EVENT INFO

Class/Grade Level: High School

Event Description & Purpose: Roe V. Wade Movie Screening

Date/time: Wed. April 21 at 7pm-9pm

Location: University of Saint Francis, North Campus

Address: 2701 Spring St, Fort Wayne, IN 46808

Mode of Transport: On your own

Individuals in charge of event: Emma Peat & Stacey Huneck

Emergency Contact Number: (260)207-4677

Cost: \$5

Note: Masks may be required when indoors

If you are a parent that would like to chaperone this event, contact youthministry@scbfw.org

Tickets for this event must be reserved in advance, turn this form in asap to get a ticket.

(Please detach and return this portion below to the parish youth ministry director. Deliver it to the St. Charles Parish Office OR take pictures/scan and email it to youthministry@scbfw.org):

PARENT/GUARDIAN PERMISSION AND RELEASE*:

Parent/Guardian Name: _____

Address: _____

Telephone: _____

Email: _____

Participant Name: _____

Participant Age: _____ Participant Grade: _____

If you would like your child to participate in this event, please date, and sign: I allow my child to participate in the parish event trip to the University of Saint Francis on April 21, 2021. In consideration of the aforementioned participant, my child, being allowed to participate in this event, I, on behalf of myself, my child and my child's other parent/guardian, hereby acknowledge recognition that such an activity may expose my child to risks and hazards not ordinarily encountered in the parish youth ministry program. Further, on behalf of myself, my child, and my child's other parent/guardian, I hereby release and agree to hold harmless the above named parish and the Diocese of Fort Wayne-South Bend, Inc. to the fullest extent permitted by law from any and all claims, judgments and liability of every kind for any injury and damage of any kind, whether personal or property, that we or any one of us may suffer or incur due to my child's participation in the event, regardless of whether the injury or damage is attributable to the fault of parties other than the Parish or Diocese or attributable to the fault, including negligence, of the Parish or Diocese. I have instructed my child to follow the rules of conduct as directed by the parish youth ministry program and Diocese.

Date Parent/Guardian Signature Parent/Guardian Printed Name

*A new Event Participation form must be completed for each Event. Information provided in the Annual Emergency Medical Care Form will apply to each Event in which your child is allowed to participate during the Youth Ministry Program year. Parents/guardians are responsible for updating the information on that form should changes occur during the Youth Ministry Program year.

2020-2021 ANNUAL EMERGENCY MEDICAL CARE FORM

Note: Parents must complete, sign and submit this form prior to the commencement of each Parish Youth Ministry Program year for each child enrolled in a Parish Youth Ministry Program. **Parents are responsible for updating the information on this form should changes occur during the Parish Youth Ministry Program year. You can skip this form if you already turned it in during the 2020-2021 school year and it is still up to date.**

Consent to Emergency Medical Care

Name of Child: _____ Parish: _____ Grade: _____

In the event of an emergency, I request that the parish make reasonable attempts to contact me at _____ (phone number) or _____ (other parent/adult) at _____ (phone number).

I understand that in an emergency, exigent circumstances may prevent the parish from contacting me immediately, or the parish may be unable to reach me. I therefore consent to the parish taking action which it deems necessary to secure emergency medical care/treatment for my child even if I have not been contacted. I understand that decisions concerning the type of emergency medical care or treatment administered are normally made by health care providers and not by the parish and that exigent circumstances may require the administration of emergency medical care or treatment without my prior consent. However, I have indicated below any treatment preferences I have for my child which the parish may disclose to a health care provider. (Parents/guardians may check and complete any of the following):

____ Dr. _____ is my preferred physician and Dr. _____ is my preferred dentist.

____ _____ is my preferred hospital.

____ Receipt of my consent prior to my child receiving major surgery unless the medical options of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

____ Other: _____

The parish may also disclose the following checked information to a health care provider:

____ Insurance Information: Insurance Company Name: _____

____ Policy/Group/Claim No.: _____

____ The following information regarding allergies my child has, medication my child is taking, and other medical facts about my child: _____

I understand that in the event of an emergency, the parish will make reasonable efforts to notify a health care provider of the above-checked information, but I acknowledge that I am responsible for communicating such information to the appropriate medical personnel.

Check One:

____ I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate. (We keep a first aid kit on hand for other over-the-counter medications as needed.)

____ NO medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Date Parent/Guardian Signature Parent/Guardian Name Printed

Electronic Communication Notification & Release / Photo & Media Consent & Release

You can skip this form if you already turned it in during the 2020-2021 school year and it is still up to date.

Part I. During the 2020-2021 youth ministry program year the parish, school or organization of St. Charles Borromeo will use the following forms of communication and technology to communicate with your minor child regarding various educational or programming events.

Parents / Guardians may check any and all of the following forms of electronic communication that they would like to approve for the parish, school, or organization to use with their minor child. (Preparer should list all the means of electronic communication, and only those means that will be used by the youth ministry.)

- Parish/organization website
<https://www.stcharlesfortwayne.org/growing-in-faith-high-school-youth>
- Social networking sites (*not used for messaging, but used to post event pictures and reminders): Facebook <https://www.facebook.com/stcharlesydisciple>
Instagram <https://www.instagram.com/st.charlesyouthministry/?hl=en>
- Educationally appropriate websites or applications as chosen by parish
- Email on public sites such as Gmail, MSN.com, Yahoo.com
- Text messages
- Telephone calls
- Two-way video and audio communication such as Zoom
- Flocknote email & text (You can opt out of these texts for replying STOP)

I grant my child, _____ (Print Name of Minor)
permission to participate in the forms of electronic communication listed above in relation to the various programming events of St. Charles Borromeo.

Would you like the parish to include you on all group communications to your minor child?

- Yes, please copy me on all group messages sent to my minor child
- No, please DO NOT copy me on group messages sent to my minor child (I will still be copied on individual messages sent to my minor child) **Note: Parents are always put into Flocknote, you can opt out of Flocknote texts by replying STOP at any point.**

Part II. 2020-2021 PHOTO AND MEDIA CONSENT AND RELEASE:

I agree that St. Charles Borromeo, and/or the Diocese of Fort Wayne-South Bend may use photographs, video or other media of my child for any lawful purpose, including but not limited to such purposes as publicity, illustration, advertising, and Web content.

No, I do not grant St. Charles Borromeo the right to take photographs, video or other media of my child.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Contact Information:

Minor's Email Address: _____

Parent/Guardian's Email Address: _____

Minor's Cell Phone # (ONLY if approved for Text Msg/Phone Calls): _____

Parent/Guardian Cell Phone # (ONLY if approved for Text Msg/Phone Calls): _____