

**Our Lady of Lourdes Youth Ministry**  
**Student/Parent Information 2018-2019**

YOUTH NAME: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ YOUTH CELL PHONE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARISH/CHURCH: \_\_\_\_\_

YOUTH E-MAIL ADDRESS: \_\_\_\_\_

PARENT'S E-MAIL: \_\_\_\_\_

PARENT CELL PHONE: \_\_\_\_\_

YOUTH BIRTHDAY: \_\_\_\_\_

YOUTH EXTRACURRICULAR  
ACTIVITIES: \_\_\_\_\_

YOUTH TEXTING: YES NO

PARENT TEXTING: YES NO

YOUTH FACEBOOK: YES NO

PARENT FACEBOOK: YES NO

YOUTH INSTAGRAM: YES NO

PARENT INSTAGRAM: YES NO

\*NOTE: Per Diocesan policy, parish workers are not allowed to connect with minors via SnapChat

Other Forms of Social Media? \_\_\_\_\_

SHIRT SIZE FOR YOUTH (*in adult size shirts*): Small Medium Large  
XLarge XXLarge XXXLarge

Best way to contact YOUTH? (circle all that apply) E-mail Texting

Best way to contact PARENT? (circle all that apply) E-mail Texting

*Please, also fill out Diocesan Medical Form and Code of Conduct. These forms must be updated on youth and adults each year for liability and safety purposes.*

Anything in particular the youth or parent would like to see happen with the youth ministry program or something in particular you'd like to learn about?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ *Please continue on back*

**PARENTS/ADULT MENTORS:** in order to have a successful Youth Ministry Program, you are needed. There are many ways that you can help support our Youth Ministry Program...

Our Youth Ministry Program is more than the Youth Minister- it takes all kinds of adults. Some youth will make connections with one adult, and not another. We have to work together to provide positive adult examples for these teenagers.

If you think your child does not want you to be present (or if they have said so), that does not mean you cannot volunteer. If we do not get the volunteers that are needed to help make our program successful, there is a possibility of cancelled events or outings. We have so many gifted adults in our parish. By volunteering you are giving a gift that is priceless. Ask any adult who has volunteered, the rewards are bountiful. Sharing the gift of yourself and sharing life with our teenagers will make a lasting impression on them into adulthood. Your presence in their live at the church is what will help to keep them strong in the faith even after they have left your home.

Volunteering can be on a regular basis, or whenever you're available. Just communicate what you are willing to do. Please, prayerfully consider helping out in any way that you can!

PARENT NAME: \_\_\_\_\_

WORKPLACE: \_\_\_\_\_

BEST TIME TO BE CONTACTED: \_\_\_\_\_

*If more than one parent/adult mentors, please put info for each person.*

I would like to volunteer in some capacity in the following areas:

- Prayer for our youth on your own time
- Provide meal for High School Youth Group
- Transportation when needed
- Fundraising
- Extra Youth Activities when they happen

Other areas you'd like to volunteer or help out/any other input to help better our program:

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ROMAN CATHOLIC DIOCESE OF OWENSBORO, 600 Locust St., Owensboro, KY 42301

Name/Address of Institution (Parish, School, etc.) Sponsoring Activity \_\_\_\_\_

**EMERGENCY MEDICAL RELEASE AND HEALTH INFORMATION FOR MINORS**

Minor Participant's Name \_\_\_\_\_ Male/Female (circle) Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Father's \_\_\_\_\_ or Legal Guardian's \_\_\_\_\_ Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work/Cell Phone \_\_\_\_\_

Mother's \_\_\_\_\_ or Legal Guardian's \_\_\_\_\_ Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work/Cell Phone \_\_\_\_\_

In an emergency, please notify (Name/Phone #): \_\_\_\_\_

Name of Individual In Case Parent/Guardian Cannot Be Reached: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Is anyone designated as the primary or sole custodial parent by court order or decree? NAME \_\_\_\_\_

Name anyone who is restrained from picking up the child. \_\_\_\_\_

**HEALTH HISTORY:**

Child's Physician: \_\_\_\_\_

Any pre-existing or present medical conditions, disabilities, physical handicaps, or major illnesses: \_\_\_\_\_

Name of any **prescription medications** and concise directions, including dosage and frequency of dosage: \_\_\_\_\_

If my child is in pain and if deemed advisable by a supervisory adult, I grant permission for the following non-prescription medication to be given:

Acetaminophen \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Ibuprofen \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Any allergies (food, latex, animals, etc?) Yes/No \_\_\_\_\_ Allergic to any medications? Yes/No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ Contact lenses? Yes/No \_\_\_\_\_

Any swimming restrictions: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ What? \_\_\_\_\_

Any activity restrictions? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ What \_\_\_\_\_

(OVER)

Revised October 2012

**EMERGENCY MEDICAL RELEASE AND HEALTH INFORMATION FOR MINORS (cont'd.)**

**Consent for Emergency Care**

I/We, the undersigned parent(s)/guardian of \_\_\_\_\_ do hereby request and give permission for the provision of necessary medical treatment for the above-named child. I/we understand that supervisory personnel will immediately seek to reach the above-named child's contact(s) in case of a medical emergency. If any injury/incident does occur during this event that requires transportation to a hospital or doctor, I/we give permission for a representative of the parish/school/etc. to secure necessary medical attention. I/we further authorize any duly qualified physician, dentist, or hospital to render such aid or treatment that may be necessary and understand that I/we assume responsibility for the cost of any such treatment. I/we authorize the release of pertinent medical information to supervisory personnel.

**\* Please understand that, depending upon the seriousness of the situation, your child may be transported to the nearest hospital.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness to Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Health Insurance Company (that covers above-named child): \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

**PERMISSION FORM & LIABILITY RELEASE**

**PURPOSE:** This Permission Form/Liability Release is intended to cover all diocesan-, deanery-, parish-, and Catholic school-sponsored activities for anyone under the age of eighteen (18). Catholic schools and/or programs have the right to require parent/guardian to give permission for students/participants eighteen (18) years of age or older.

I/We, the parent(s) and/or legal guardian(s) of \_\_\_\_\_ (child's name), hereby request permission for this child to participate in any and all of the activities of the Roman Catholic Diocese of Owensboro and \_\_\_\_\_ (name of organization) I/We release from responsibility any person transporting my/our child to or from activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. Taking into account the subject's age, I/we believe that the subject of this release is physically and mentally capable of taking reasonable precautions to protect his/her own safety and has the maturity and judgment not to put himself/herself or others in dangerous situations.

--I hereby consent to the use of a photograph of my child for the purpose of publication.  Yes  No

Parent/guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Adult witness to Signature \_\_\_\_\_ Date \_\_\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_

(Signature of DRE, CRE, Teacher/School Personnel, Youth Representative, etc.)

**IF THERE ARE ANY CHANGES IN THE INFORMATION ON THIS FORM, IT IS YOUR RESPONSIBILITY TO NOTIFY THE APPROPRIATE LEADER AND GET THE FORM UPDATED. (e.g. insurance policy changes, changes in medical condition or medicines, court orders, etc.)**

Revised October 2012

## MIDDLE- & HIGH-SCHOOL YOUTH CODE OF CONDUCT FOR PARISH-, SCHOOL-, & DIOCESAN-SPONSORED ACTIVITIES WITH YOUTH

The Offices of Catholic Schools, Faith Formation and Youth Ministry provide opportunities that allow young people from all over the Diocese of Owensboro to be educated, grow in their faith, have a fun time, and form Christian friendships. All that we do stems from our belief in Jesus Christ and the following of his teachings. Therefore, we have certain expectations of the children, youth, and adults who participate. To ensure a safe and enjoyable time for everyone, the following policies are in effect for all parish, school, and diocesan-sponsored activities with youth.

- I will treat everyone with respect, courtesy, dignity, patience, loyalty and integrity. I will behave in a way that respects the rights of all.
- If I am being hurt or if I become aware that anyone is being hurt verbally/physically, I will notify a supervising adult.
- I will be cooperative and do those things that promote a good reputation for my school/parish and me.
- I will treat property with care. If I break something, I will tell my supervising adult.
- I will avoid posing any health risk to others (i.e. fevers or other contagious situations).
- I understand the use of cell phones and other electronic equipment is highly discouraged, unless a supervising adult grants permission.
- I will not possess/use/purchase tobacco, alcohol, illegal drugs, weapons, inappropriate videos, inappropriate reading materials, or other objects.
- I understand in extreme cases of misconduct, my parents/legal guardian and legal authorities will be notified, regardless of the time. In these cases parents/ legal guardians will be financially and/or physically responsible for participant's transportation home from school/event. I understand I am subject to search and seizure policies (available upon request—policy p. 200:9).
- If I become aware of any violation of this Code of Conduct by anyone, it is my responsibility to notify my supervising adult as soon as possible.

**YOUTH PARTICIPANT/STUDENT:** \_\_\_\_\_  
Print Name

I understand that any action inconsistent with this Code of Conduct may result in appropriate disciplinary action.

X \_\_\_\_\_  
Signature of Participant/Student Date

X \_\_\_\_\_  
Signature of Parent/Guardian Date

The Diocesan Policy states, "at least two supervising adults should be present when there is only one minor, and at least two participants should be present when there is only one supervisory adult." Please explain this to the child. It is the responsibility of the parent/guardian to see that youth arrive and are picked up at designated times to avoid violation of the above mentioned policy. This also applies to teens who drive themselves.

--For school events if the teacher, staff contact, or an adult supervisor is in attendance, that person should keep this form. If youth are not accompanied by school representative, then forms should be forwarded to appropriate school office PRIOR to event.

**Revised August 2010**