

Our Lady of Lourdes Confirmation

Students Full Name: _____

If Student goes by another name, please specify: _____

Date of Birth: _____ **School:** _____ **Grade:** _____

Name of Parents: _____

Student resides with: _____

For adults responsible for the candidate: A lot of our communication is through text (Remind) or email. How would you prefer we contact you? (Circle one) Email Text

Please provide email address: _____

Can you receive and answer texts? _____ **Cell Phone Number:** _____

Fathers Religion: _____ **Mothers Religion:** _____

Legal Guardian's Religion (if applicable): _____

Are you a registered member of Our Lady of Lourdes Parish? _____

Not sure? If you do not receive church envelopes, you are probably not formally registered.

Or another church? _____ **Name of Parish:** _____

You must have your pastor's permission prior to begin sacrament preparation here.

Sacraments Already Celebrated by the Student

Approx. Month/Year Church + City/State

Baptism: _____

First Reconciliation: _____

First Communion: _____

If student was not baptized at Our Lady of Lourdes, you will need to provide a baptismal record

GRADES 6-12 CODE OF CONDUCT FOR PARISH-, SCHOOL-, & DIOCESAN-SPONSORED ACTIVITIES WITH YOUTH

The Offices of Catholic Schools, Faith Formation and Youth Ministry provide opportunities for young people from all over the Diocese of Owensboro to encounter and follow Jesus Christ, building a community of faith that empowers them to go forth as missionary disciples. With these goals in mind, we have certain expectations of the children, youth, and adults who participate.

1. I understand that young people participating in the Church’s youth activities (under 18 or any older youth still participating in high-school level activities) are under the care of supervisory adults, who are responsible for knowing and following diocesan policy. I will be cooperative and respect their role.
2. I will remain at the event for its duration unless organizers have received expressed permission from my parent/guardian.
3. I will respect the rights of all. I will treat everyone with respect, courtesy, dignity, patience, and integrity. If assisting an adult, I will use positive reinforcement with younger children and not threaten, demean, or degrade others.
4. I will present myself in a way that promotes a good reputation for my school/parish/family and me. This includes attire appropriate to the activity (e.g. modesty, logos, etc).
5. I will treat property with care. If something is damaged, I will tell a supervisory adult.
6. I will avoid posing any health risk to others (i.e. fevers or other contagious situations).
7. I understand the use of cell phones and other electronic devices is discouraged, unless a supervisory adult grants permission. Any technology use should reflect the goals and mission of the activity.
8. I will not possess or use tobacco, alcohol, or illegal drugs. I will not possess or use pornographic or other inappropriate videos, reading materials, or other objects.
9. I will not possess, use, or threaten to use any object to injure another person or myself (e.g. knives/sharp objects, guns, weapons). The Diocese has in place a Search & Seizure Policy (available on request and on diocesan website).
10. If I am being hurt or if I become aware that anyone else is being hurt emotionally/verbally/physically, I will notify a supervisory adult.
11. I understand in extreme cases of misconduct, my parent/guardian and legal authorities will be notified, regardless of the time. In these cases parents/guardians will be financially and/or physically responsible for participant’s transportation home from school/event. I understand I am subject to diocesan search and seizure policies (available upon request and on diocesan website).
12. If I become aware of any violation of this Code of Conduct by anyone, it is my responsibility to notify a supervisory 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 / Legal Guardian Date

Notes:

1. By signing this, I acknowledge that photographs/videos of my child may be used for the purpose of publication. If I do not want my child photographed for such purpose, I am responsible for notifying the program organizer in writing.
2. Diocesan policy states that “no one should be left alone in a supervisory capacity. There should always be a minimum of two Safe Environment-cleared adults” present. Parent(s)/guardian(s) are to ensure that child arrives and is picked up at designated times to avoid violation of this policy. This also applies to teens who transport themselves.

--An adult supervisor in attendance should have this form accessible. **For school events** if youth are not accompanied by school representative, then forms should be submitted to appropriate school office PRIOR to event.

Name/Address of Diocesan Institution Sponsoring Program/Activity _____

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

EMERGENCY MEDICAL RELEASE AND HEALTH INFORMATION FOR YOUTH

(Parent /legal guardian completes form and is responsible for the information being current. Original form is kept on file at parish/school; a copy must be readily available for all overnight or off-site events.)

Youth Participant's Name _____ Prefers to be called: _____

Male ___ Female ___ Birthdate ___/___/___ School & Grade: _____

Address _____ Phone _____

Father's ___ OR Legal Guardian's ___ Name _____

Home Address (street, city, zip) _____

Home Phone _____ Work/Cell Phone _____ Email _____

Preferred Means of Communication: Phone Call ___ Text ___ Email ___

Mother's ___ OR Legal Guardian's ___ Name _____

Home Address (street, city, zip) _____

Home Phone _____ Work/Cell Phone _____ Email _____

Preferred Means of Communication: ___ Phone Call ___ Text ___ Email

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

If above individual cannot be reached, please notify (Name/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 **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, please list and describe: _____

Does child carry EpiPen? Yes ___ No ___ If yes, where is it located? _____

Date of last tetanus shot _____ Contact lenses? Yes ___ No ___

Any swimming restrictions: Yes ___ No ___ What? _____

Any activity restrictions? Yes ___ No ___ What? _____

(OVER)

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 (Age 21 or older): _____ Date: _____

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

Insurance Policy #: _____ Group #: _____

Name of Policy Holder: _____ Date of Birth of Policy Holder: _____

Policy Holder’s Place of Work: _____

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.

Parent/guardian Signature _____ Date _____

Adult witness to Signature _____ Date _____

Received by _____ Date _____

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

NOTE TO PARENT/GUARDIAN: You are responsible for the accuracy of all information on this form. Please notify the appropriate leader of any changes (e.g. insurance policy changes, changes in medical condition or medicines, court orders, etc.).