

**Our Lady of Lourdes First Reconciliation/Eucharist Registration**

**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*

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.).**

**GRADES K-2 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. Young people participating in the Church’s youth activities are under the care of supervisory adults, who are responsible for knowing and following diocesan policy.

*It is the responsibility of the parent/guardian to explain this Code of Conduct to their child.*

1. I will obey school/parish rules and respect the adults who watch over me.
2. I will be kind and say nice things to others.
3. I will keep my hands to myself except when helping others.
4. I will take turns and include others.
5. I will not hurt or say I’m going to hurt another person or myself.
6. I will tell an adult in charge when someone is being hurt or there is an emergency.
7. I will respect other people’s things. I will not take anything which belongs to others without permission. If something is broken, I will tell one of the adults who watches over me.
8. I will be a good listener and not interrupt.
9. I will only use cell phones or other electronic devices if one of the adults watching over me says it is allowed.
10. The Diocese has in place a Search & Seizure Policy (available on request and on diocesan website).

**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 see that child arrives and is picked up at designated times to avoid violation of this policy.
3. It is highly suggested that parent(s)/guardian(s) talk with the child about the dangers of accepting unknown substances from others as it may be drugs or harmful substances.

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.