

Church of St. Raphael
Friday Night Live Kick-Off at Grand Slam
PARENTAL CONSENT FORM & INDEMNITY AGREEMENT

Student/Participant Name: _____

Date of Birth: ___/___/___ Sex: M / F Grade in School (2018-2019) 6th / 7th / 8th

Parent/Guardian Name _____

Home Address _____

Home Phone _____ Cell Phone _____

Email: _____

Type/Date of Event: FNL Kick-Off at Grand Slam – Friday Sept. 21

Locations: Grand Slam – Coon Rapids MN

Time: Depart – St. Raphael’s at 6:00 PM / Return St. Raphael’s at 10:00 PM

Person(s) in Charge: Anna Scherber & Josh Stegman

Mode of Transportation to and from Event: Bus / Car Pool

Cost: \$30.00 per participant (Includes Transportation, Food, Game Tokens, & Passes to all Grand Slam Activities)

I, _____, grant permission for _____
Parent or Guardian Name Child Name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child’s participation, I agree to indemnify the *Church of St. Raphael, St and the Archdiocese of St. Paul & Minneapolis* from any claims or law suits brought against the *Church of St. Raphael, and the Archdiocese of St. Paul & Minneapolis* by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney’s fees or expenses incurred by the *Church of St. Raphael, St and the Archdiocese of St. Paul & Minneapolis* in defense of such a claim/suit. Should photos or video be taken, I give my permission for the use of my child’s image and /or likeness in any promotional or other marketing activities relating to the youth ministry program of *Church of St. Raphael*.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact

Name Emergency Phone Number

MEDICAL INFORMATION: (Please provide a copy of the medical insurance card)

Medication my child is taking at present _____

Family Health Plan carrier number _____

Family Doctor _____ Phone Number _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

Parental Signature

Date

MEDICAL MATTERS: 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. **(Of the following statements pertaining to medical matters, sign only those that are applicable.)**

Medical Treatment: In the event it comes to the attention of the *Church of St. Raphael* its officers, directors and agents, and the Archdiocese of Saint Paul & Minneapolis, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called.

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are indicated on **attached Prescription Drug & Medical Authorization Form.**

Signature: _____ Date: _____

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.

Signature: _____ Date: _____

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.

Signature: _____ Date: _____

Specific Medical Information: The *Church of St. Raphael* will take reasonable care to see that the following information will be held in confidence:

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____

CODE OF CONDUCT

The following are a few rules that all participants are expected to follow while participating and representing *Church of St. Raphael* on Sept. 21, 2018.

Please read and sign.

I, _____, WILL:
Printed Name of Youth Participant

- Treat all other persons with respect and not cause any intentional harm (physically, emotionally, or spiritually) to any person in any way.
- Respect the property of others, including all program facilities and property.
- Follow all appropriate instructions of all personnel aiding in this event, including, but not limited to, chaperones, support staff, transportation personnel and administration.
- Be on time for all check-ins and departure time.
- Not have in my possession any tobacco, alcohol or any controlled illegal substance

I agree that if any of these terms are violated, *Church of St. Raphael* can send the participant home at the participant/guardian's expense.

Youth Participant Signature

Date

Parent/Guardian Signature

Date

**Please return this form and the \$30.00 fee to the
St. Raphael Youth Ministry Office by: Friday Sept. 14, 2018**

Church of St. Raphael

PRESCRIPTION DRUG AND MEDICINE AUTHORIZATIONS

(USE THIS FORM ONLY IF MEDICATION IS TO BE GIVEN DURING THE EVENT)

**Any prescriptions or over-the-counter medicine must be in the original, labeled container and
The following information must be completed before medicine is given.**

Student Name _____

Name of Prescription/Medicine _____

Prescribing Doctor _____

Amount of Dosage _____

Times to be Given _____

Duration of Prescription _____

I, _____, herby authorize Anna Scherber / Josh Stegman to
Parent/Guardian

dispense medicine to _____ as directed above.
Student

Signature of Parent/Guardian

Date

