

SAINT LUKE YOUTH GROUP (SLY)
Medical Release Form and Communication Waiver

Please fill this out completely so we may use your information for all events your child attends during the years 2018-2019. You only need to fill it out once each school year unless your information changes. Please return to Deb Toner, Youth Minister. Thank you.

TEEN Name: _____ **TEEN** Cell: ____-____-____ Texts: Y N Teen Email: _____
Address: _____ Age: _____ Birth date: ____/____/____ **Grade** _____
City: _____ Zip: _____ **School** _____ Home # _____
Parent/Guardian Name(s): _____ Mother/Guardian cell# ____-____-____ Email _____
Parent/Guardian Name(s): _____ Father/Guardian cell# ____-____-____ Email _____

PARENTAL CONSENT (signature required)

- I. The undersigned does hereby give permission for our (my) child to attend and participate in activities sponsored by the Saint Luke Youth Group (SLY).
- II. We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any licensed physician or dentist. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered.
- III. I hereby grant permission for non-prescription medication to be given, if deemed appropriate.
- IV. Should it be necessary for our (my) child to return home due to medical reasons, behavioral reasons, or otherwise the undersigned shall assume all transportation costs.
- V. The undersigned does also give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Saint Luke Youth Group (SLY).

Please provide the following information:

_____	_____	Medical/Hospital Insurance Carrier _____
Father's signature	Date	Name of Policy Holder _____
_____	_____	Emergency Contact Name _____
Mother's Signature	Date	Emergency Contact # _____
_____	_____	
Legal Guardian signature (if not parent)	Date	

Medications: _____ Date of last tetanus/diphtheria immunization: _____

Allergies: _____

I give permission for my teen to be photographed during activities associated with Saint Luke Youth Group (SLY). I understand that said photos/videos maybe used for future Youth Ministry publications within Saint Luke Parish and social media.

Signature (Parent/Guardian) Date _____

I give permission for Youth Ministry Staff to communicate with my teen via e-mail, phone calls, and Facebook, Twitter, Instagram and other social media.

Signature (Parent/Guardian) Date _____

TEEN CONTRACT - SIGNATURE REQUIRED

I understand that by requesting to participate in Saint Luke Youth Group (SLY), I am promising to cooperate with the youth minister, church staff, chaperones and other youth throughout our events. I promise to follow all instructions and rules. I understand that smoking, illegal drugs and alcohol is not allowed at any event. In the event that I fail to obey the guidelines set forth, I understand that I will be sent home at my family's expense.

Date _____

IMPORTANT- Please list any physical limitations, medical conditions or dietary needs your teen may have: