

Are you a registered member of our parish? YES ___ NO ___

If no, what faith community do you belong to? _____

FATHER	
Name (First, MI, Last)	
Cell Phone	Work/Alt Phone
Address	
Email	
Date of Birth	Religion
MOTHER	
Name (First, MI, Last)	
Cell Phone	Work/Alt Phone
Address	
Email	
Date of Birth	Religion

PARENT/GUARDIAN INFORMATION (Please print clearly)

CHILD / YOUTH INFORMATION

Religious Education Year September - May

Name: (First, M, Last)	M / F	Name: (First, M, Last)	M / F	Name: (First, M, Last)	M / F
Date of Birth:		Date of Birth:		Date of Birth:	
Sacraments Received: Reconcil. ___ 1 st Com. ___ Confirm ___		Sacraments Received: Reconcil. ___ 1 st Com. ___ Confirm ___		Sacraments Received: Reconcil. ___ 1 st Com. ___ Confirm ___	
GRADE (Circle grade) PK K 1 2 3 4 5 6 7 8 9 10 11 12		GRADE (Circle grade) PK K 1 2 3 4 5 6 7 8 9 10 11 12		GRADE (Circle grade) PK K 1 2 3 4 5 6 7 8 9 10 11 12	

EMERGENCY CONTACT INFORMATION (Other than Spouse or Self)

Name (First, Last)	Relationship	Home/Cell phone
MEDICAL ALERT (Use back of form for detailed prescription information)		
Name of Child	Condition/Alert	
Name of Child	Condition/Alert	

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. In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital doctor. In the event of an emergency, if you are unable to reach me, please contact the above "Emergency Contact." If my child is taking medication at present, my child will bring all such medications necessary, and such medications will be well-labeled. Health plan information, along with names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage are listed on reverse.

Parent/Guardian SIGNATURE _____ DATE: _____ Family Doctor: _____ Phone #: _____

Family Health Plan Carrier: _____ POLICY #: _____

Non-prescription medication: I hereby grant permission for non-prescription medication to be given to my child if deemed appropriate by St. Paul staff or volunteers

Parent/Guardian SIGNATURE _____ DATE: _____

Photograph and video consent*

I/We, the parent(s)/guardian(s) of the children named on this form, authorize and give full consent without limitation or reservation, to St. Paul Church, to publish any photograph or video in which the named student(s) appear(s) while participating in any program associated with St. Paul Church. There will be no compensation for use of any photograph or video at the time of publication or in the future.

Parent/Guardian Signature: _____ Date: _____

TRANSPORTATION CONSENT AND LIABILITY RELEASE I hereby grant permission for my child(ren) named above to participate in any and all events sponsored by the parish that require transportation to a location away from the parish site. These activities will take place under the guidance and direction of parish employees and/or volunteers from St. Paul Church in Lexington, KY. This includes any event sponsored by St. Paul Church and the Office of Youth and Young Adult Ministries of the Diocese of Lexington, between July 1st, 2017 and June 30, 2018. The mode of transportation to these events may include walking, personal vehicles, and/or chartered bus/transportation. Vehicles may be driven by designated adult parish employees and/or volunteers. As a parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named child(ren) / participants. And, therefore I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Paul Church in Lexington, Ky, its officers, directors, employees, and agents, and the Diocese of Lexington, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors, and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Parent/Guardian SIGNATURE _____ DATE: _____

***Photograph and video consent information**

From time to time, pictures and video may be taken of youth ministry events and gatherings. We would like to be able to use these photographs and videos for flyers, parish and diocesan publications, and ministry website. Written consent of both the student and parent/guardian is required. Names will not be posted unless written authorization is given by the student and parent/guardian, and then only first names will be used. If there are concerns about pictures or videos posted on the website, please contact the ministry coordinator or webmaster, and they will be promptly removed.

DETAILED PRESCRIPTION INFORMATION:

Name of Child(ren), medications being taken, and specific dosing instructions (including concise directions for seeing that my child takes such medications)

ADDITIONAL CHILDREN / YOUTH

Name: (First, M, Last)	M / F	Name: (First, M, Last)	M / F	Name: (First, M, Last)	M / F
Date of Birth:	Date of Baptism:	Date of Birth:	Date of Baptism:	Date of Birth:	Date of Baptism:
Sacraments Received: Reconcil. ___ 1 st Com. ___ Confirm ___		Sacraments Received: Reconcil. ___ 1 st Com. ___ Confirm ___		Sacraments Received: Reconcil. ___ 1 st Com. ___ Confirm ___	
GRADE (Circle one) PK K 1 2 3 4 5 6 7 8 9 10 11 12		GRADE (Circle one) PK K 1 2 3 4 5 6 7 8 9 10 11 12		GRADE (Circle one) PK K 1 2 3 4 5 6 7 8 9 10 11 12	