

**Please Fill Out Form A for each child**

Name/Address of Diocesan Institution Sponsoring Program/Activity Sts. Joseph & Paul Church  
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: \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Father's  OR Legal Guardian's  Name \_\_\_\_\_ Phone \_\_\_\_\_  
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 Sts. Joseph & Paul Church (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 \_\_\_\_\_ (Signature of DRE, CRE, Teacher/School Personnel, Youth Representative, etc.) Date \_\_\_\_\_

**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) \_\_\_\_\_ Date \_\_\_\_\_
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. This consent always expires at the end of the designated times to avoid violation of this policy.
2. I am responsible for notifying the program organizer in writing. If I do not want my child photographed for such purpose, I am responsible for notifying the program organizer in writing.
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 representatives, that form should be forwarded to appropriate school office PRIOR to event.

GRADES 3-5 YOUTH 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 follow the instructions of my adult supervisors to the best of my ability.
2. I will follow established rules of my school/parish and take responsibility for my own actions.
3. I will respect the rights of all. I will treat everyone with respect, courtesy, dignity, and patience. I will treat everyone kindly and not try to hurt them by my words or actions. I will speak truthfully and not tell lies or say hurtful things to anybody or about anybody.
4. I will act in a way that promotes a good reputation for my school/parish/family and me. This includes wearing clothing appropriate to the activity (e.g. modesty, logos, etc).
5. I will take only what is given to me and not take anything which belongs to others without permission.
6. I will take care of my body. I will avoid posing any health risk to others (i.e. fevers or other contagious situations).
7. I will treat property with care. If something is damaged, I will tell a supervisory adult.
8. I will only use cell phones or other electronic devices if a supervisory adult gives permission and if it is for a good purpose.
9. I will not possess/use/purchase tobacco, alcohol, illegal drugs, inappropriate videos, inappropriate reading materials, or other inappropriate objects.
10. 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).

YOUTH PARTICIPANT/STUDENT: (Print Name) \_\_\_\_\_ Date \_\_\_\_\_
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. This consent always expires at the end of the designated times to avoid violation of this policy.
2. I am responsible for notifying the program organizer in writing. If I do not want my child photographed for such purpose, I am responsible for notifying the program organizer in writing.
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 representatives, that form should be forwarded to appropriate school office PRIOR to event.

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.

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

- 1. I understand that young people participating in the Church's youth activities (under 18 or any other 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 in 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, demand, 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.

YOUTH PARTICIPANT/STUDENT: (Print Name) \_\_\_\_\_ Date \_\_\_\_\_
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. This consent always expires at the end of the designated times to avoid violation of this policy.
2. I am responsible for notifying the program organizer in writing. If I do not want my child photographed for such purpose, I am responsible for notifying the program organizer in writing.
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 representatives, that form should be submitted to appropriate school office PRIOR to event.