

EMERGENCY MEDICAL RELEASE FORM and PERMISSION FORM 2012-2013
ST. MICHAEL YOUTH MINISTRY

YOUTH NAME _____ BIRTHDATE _____ HOME PHONE _____

ADDRESS _____ CITY _____ ZIP _____ SCHOOL _____ GRADE _____

YOUTH CELL PHONE _____ EMAIL _____

PARENT NAMES _____ CELL # _____ EMAIL _____

Please complete this form and it will remain on file for the **2012-2013 year** in youth ministry. Please send to St. Michael Parish, attn. Sean Tehoke, 750 Bright Road, or place it in the Sunday collection basket. Thank you!

(The purpose of the following medical release form is to enable parents and guardians to authorize the provision of emergency treatment for minors who become ill or injured under St. Michael's Youth Ministry authority, when parents and guardians cannot be reached.)

In the event reasonable attempts to contact me at _____ (home phone #) or _____ (cell phone #)

or _____ (other parent or guardian) at _____ (phone #) have been unsuccessful, I

hereby give my consent for:

1. The administration of any treatment deemed necessary to

Dr. _____ (preferred physician) at _____ (phone #)

Dr. _____ (preferred dentist) at _____ (phone #)

or in the event that the designated practitioner is not available, by another licensed physician or dentist.

2. The transfer of the minor to the nearest hospital.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

List facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Name of Policy Holder _____ Name of Insurance Carrier _____

Insurance Policy Number _____ Group Number _____

Also, as parent or legal guardian, I give _____ my **permission** to participate in St. Michael Youth Ministry activities and trips. I agree to assume full responsibility for bodily injury, loss of personal property, and expenses thereof, if they should occur as the result of my youth's negligence. In consideration for my youth's participation, I further agree not to hold St. Michael Church, the Coordinator of Youth Ministry, or Youth Ministry Volunteers to claims of ordinary negligence. I also agree that pictures taken at functions sponsored by St. Michael Parish can be posted on the parish website,

X _____ Date _____

(Signature of parent or **legal** guardian)

Address: _____

(OVER)

Youth Name _____ Phone _____

I am interested in being involved in/going to:

- | | |
|---|---|
| <input type="checkbox"/> LIFE TEEN MASS | <input type="checkbox"/> LIFE NIGHT TEAM |
| <input type="checkbox"/> Reader | <input type="checkbox"/> LIFE NIGHT BAND |
| <input type="checkbox"/> Eucharistic Minister
(need to be 16 or older) | <input type="checkbox"/> Christmas Camp Helper |
| <input type="checkbox"/> Usher | <input type="checkbox"/> TEC (Juniors & Seniors) application at Parish Office |
| <input type="checkbox"/> Youth Choir | <input type="checkbox"/> CYO Boys and Girls Basketball |
| <input type="checkbox"/> Singing | <input type="checkbox"/> Youth Board |
| <input type="checkbox"/> Instrument (what) _____ | <input type="checkbox"/> Famine Experience |
| <input type="checkbox"/> Serving | <input type="checkbox"/> Washington DC March for Life Trip |
| | <input type="checkbox"/> CYO Girls Volleyball |

Please mark the sacraments you have received: Baptism Eucharist Reconciliation Confirmation

At school my activities are: (sports, extra curricular, etc.) _____

My career interests are: _____

Please use separate forms for each high school youth. If you need more forms, extras are available at the Parish Office or you can print the form from www.findlaystmichael.org, click on Ministry, and then click on Youth Ministry.



Parent Volunteer Form Below



YOUTH AUCTION AND DINNER – SATURDAY, OCTOBER 27, 2012

Please mark your calendars now so you and your family will be able to attend and help at this fundraiser that provides the funds for youth ministry. Monetary donations or/and item donations are needed from each family and need to be in the Parish Office by Oct. 1. Please check an area below that you and your youth would be able to help with.

- Serving dinner
- Calling for donations & picking up those donations
- Set-up
- Calling for help

Please check one or several of the following events that you would be able to help with.

- | | |
|---|---|
| <input type="checkbox"/> Life Teen Team | <input type="checkbox"/> Ski Trip |
| <input type="checkbox"/> Bonfire & Hayride | <input type="checkbox"/> Famine Experience |
| <input type="checkbox"/> Make a Difference Day | <input type="checkbox"/> Walk for Life on Good Friday |
| <input type="checkbox"/> Help with Christmas Camp | <input type="checkbox"/> Hocking Hills Weekend |

Please call the office at 419-422-2646 or email Sean Tehoke at stehoke@findlaystmichael.org if you have any questions, comments, or concerns.

Thank you for all that you do to make things happen for our youth. You are the first and primary youth minister in their life and what a privilege it is for us that they are involved in parish life and youth ministry. May God bless you and your family abundantly.