

Christ the King Youth Ministry Parental Consent/Release Form

I hereby authorize my child to participate in 2018-19 Christ the King Catholic Church Youth Ministry activities. I understand that reasonable precautions will be taken to keep my child safe. I hold harmless Christ the King Catholic Church, members of its staff and volunteers, in the event of an accident or injury. In case of an emergency during CTK church sponsored activities, I hereby consent to and authorize the giving of treatment and/or medication ordered by a physician or adult for the care of my child. I have instructed my child about the expected level of behavior while participating in these activities, including mission trips and retreats.

Youth Name _____ Cell Phone _____
Parent Name _____ Cell Phone _____
Home Address _____ City/State/Zip _____
Parent Email address _____ Youth email address _____
Youth's Current Grade in School _____ T-Shirt Size S M L XL 2XL 3XL

PERMISSION TO TRAVEL

I, _____ grant permission for my child, _____ to participate in the below described parish event/youth activities.

Description of event(s): _____

Date(s) of event(s): _____

CONSENT TO PARTICIPATE AND LIABILITY RELEASE

I, _____ the parent/guardian/conservator of _____ grant permission for my son/daughter to participate in all youth activities and functions. I understand that as parent/guardian/conservator, I remain legally responsible for any personal actions taken by my son/daughter. I recognize the inherent risk associated with the various youth activities that my son/daughter will be participating in. I agree on behalf of myself, my son/daughter named herein, my heirs, successors, and assigns to indemnify, defend, and hold harmless Christ the King Catholic Church and the Roman Catholic Diocese of Dallas, their employees and/or volunteers from any and all claims (unless due to the Sole or Gross NEGLIGENCE of Christ the King Parish) for illness, injury, death, and the cost of medical treatment therewith, arising from or in any way connected with my son/daughter participating and/or attending the various youth programs and activities during the dates noted above. In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this release, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all reasonable court costs, reasonable attorneys' Fees and Expenses incurred by the prevailing party.

AUTHORIZATION OF CONSENT TO TREAT MINOR

I, _____ am the ___ parent ___ guardian or ___ conservator of _____, a minor, and as such do hereby authorize Christ the King Catholic Church, its youth ministry leaders, employees, contractors and volunteers as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the laws of the jurisdiction where such diagnosis or treatment may be given, whether such diagnosis or treatment is rendered at the office of said physician, at a hospital, or at any other location. It is understood that this authorization is given in advance of any specific treatment or diagnosis, but is given to provide authority and power of treatment, or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable. This authorization is given pursuant to the provisions of Chapter 32 of the Texas Family Code. This authorization shall remain effective throughout the specific event dates listed above. In consideration of acceptance of this authorization, but without any time limitation and without any future right of revocation, I hereby release, defend and hold harmless Christ the King Catholic Church and Roman Catholic Diocese of Dallas (Diocese), their officers, directors, agents, employees, volunteers, youth ministry leaders, and contractors from all claims, liabilities and loss in any way arising out of or in connection with or relating to such treatment and treatment decisions.

AUDIO/VISUAL RECORDING AND PHOTOGRAPHY CONSENT

On occasion, video recordings, audio recordings, photographic slides, and photographs are taken of children and youth during church and diocesan sponsored activities. These are utilized in newsletters, websites, event promotion, advertisements and other printed media. As the State of Texas does not prevent audio or video recording or the photographing of children/youth (*with the exception of Senate Bill 1, Section 26.009, which deals specifically with school districts*), it does encourage parental consent. Additionally, current video recordings and photographs assist law

enforcement agencies dealing with the Missing Children's Program. I ___ consent / ___ do not consent (check one) to the use of such materials in which my child may appear. I release the staff and volunteers of Christ the King Catholic Church and the Roman Catholic Diocese of Dallas from any liability connected with the use of my child's picture or audio/video recording as part of any of the above or similar activities.

NOTE: Should your child have an Emergency Injection Device (Epi-Pen), Diabetic Condition, Asthmatics with a rescue inhaler, or other special medical condition, it is important to provide a clear description as to the nature of the medical condition and any medication. This is important for situations where the youth becomes unable to self-administer these treatments and to communicate with Emergency Response Personnel. If a child, who is normally able to self-administer these medications becomes unable to self administer or is in distress, youth ministers, volunteers, or other parish personnel will immediately call 911 to summon Emergency Medical Personnel to respond to the medical emergency. Youth ministers, volunteers, and other parish personnel are NOT trained to administer these types of emergency medications.

_____ This child takes medication but is unable to self- dispense any and all needed medications.

_____ No medication of any type whether prescription or nonprescription may be administered to this child unless the situation is life-threatening and emergency treatment is required.

_____ I grant permission for the following nonprescription medication to be given to this child:

Non-aspirin/pain reliever Yes _____ No _____ # of tablets per dosage _____

Throat Lozenge Yes _____ No _____

Decongestant Yes _____ No _____ # of tablets per dosage _____

Antacid Yes _____ No _____ Antihistamine Yes _____ No _____

of tablets per dosage _____

Other _____ Dosage _____

SPECIFIC MEDICAL INFORMATION

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

Immunizations: (date of last tetanus/diphtheria immunization) _____

Other Medications child currently takes: _____

Any physical limitations: _____

Has child recently been exposed to contagious disease or condition such as mumps, measles, chicken pox, etc.? Y N If so, date and disease or condition. _____

Any other special medical conditions of this youth that we should be aware of? _____

Name of Parent/Guardian/Conservator _____ Phone Number _____

Address _____

Name of Additional Emergency Contact _____ Phone Number _____

Signature of Parent/Guardian/Conservator _____ Date Signed _____

Code of Conduct

1. I agree to treat other participants, staff members and volunteers with respect and I understand that all adult leaders have the authority to discipline me.
2. I will always follow the schedule and guidelines given to me.
3. I understand that alcohol, fireworks, tobacco products of any kind, illegal drugs and profane or abusive language are not allowed on any part of this activity.
4. I understand that I represent Christ the King Catholic Church and agree to behave in a Christian and positive manner at all times.
5. Sexual indiscretion (including inappropriate touching) is prohibited at all times and in all cases.
6. No participant is allowed to leave without an adult's permission and/or verification.
7. In the event of an emergency or other need to contact any participants, the staff and volunteer leaders must know where I can be located, therefore I agree to stay with my assigned group at all times.
8. I realize that I, and my parents, will be financially responsible for any damage I do to others' property, facilities or vehicles.
9. I understand that my electronic devices (cell phone, ipad, ipod, etc.) may not be allowed during certain activities and if asked by an adult supervisor to turn off then I will do so, otherwise the adults may take it up and hold until the end of the activity.
10. I understand that if I choose to violate any part of this code of conduct, I run the risk of having my parents notified and that I could be sent home, at my parents' expense. (This determination will be left to the discretion of the church staff.) We have read this Code of Conduct and agree to abide by it.

Youth's Name (Print) _____ **Youth's Signature:** _____

Parent's Name (Print) _____ **Parent's Signature:** _____ **Date** _____