

Una traducción al español de este formulario está disponible en el "Gathering Space", Pasillo de Religiosa Educación y la oficina de "Formation Center".

FORM A: ANNUAL CONSENT AND RELEASE



DIOCESE OF WILMINGTON PARISH/INSTITUTION ANNUAL PARENTAL CONSENT AND RELEASE FORM

PARISH/SCHOOL _____

Personal Information

Full Name of Child			
Address			
City	State	Zip	
Home Phone	Date of Birth ____/____/____	Age	
Participant E-Mail			
Participant Cell Phone			

Providing email address and cell number grants permission for electronic communication from group leader to this young person in regards to all group activities, in accord with diocesan guidelines.

Medical Information

Family Doctor		Phone	
Family Dentist		Phone	
Insurance Provider		Policy#	Acct./ID#

- * Yes No Has the young person ever been seen by a heart specialist for a heart condition?
- * Yes No Has the young person had a broken bone in the past six (6) months?
- * Yes No Has the young person had surgery in the past six (6) months?
- * Yes No Is the young person currently taking prescribed medication(s) that could inhibit strenuous physical activity?
- * Yes No Is the young person allergic to bee stings?*
- * Yes No Does the young person have asthma?*
- * Yes No Are there any serious medical conditions of which the Youth Minister, Director/Coordinator of Religious Education, Principal/School Nurse should be aware?*

*If you answered 'yes' to any of the above, it is the responsibility of the parent/guardian to check with parish/school representatives to ensure those items *ed above will not endanger the young person.

**CYM requires that athletes be able to self-administer the epi-pen and/or inhaler without assistance.

Current Prescription Medications	
Medicinal Allergies	
Food Allergies	

If necessary, the group leader is permitted to administer the following over the counter medications to my child:

- Advil Tylenol Motrin Aleve Halls (cough drops) Imodium Calamine Lotion
 Claritin/Zyrtec Benadryl Robitussin (cough syrup) Triple Antibiotic Ointment Other _____

Parent/Guardian Information (Mother)

Full Name of Mother/Stepmother	
Home Phone	
Cell Phone	
Place of Employment	
Work Phone	

Parent/Guardian Information (Father)

Full Name of Mother/Stepmother	
Home Phone	
Cell Phone	
Place of Employment	
Work Phone	

School	Teacher	Grade	Homeroom
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Student's Last Name

Student's First Name

Sunday

Monday

Wednesday

Thursday

WDD Home Study

(Check Student's Class Day/Night Above)

In Case of Emergency

The following procedures are in place if your child becomes sick or injured, or needs to be sent home for disciplinary reasons. Calls will be made to the following numbers, in the following order.

1. Home
2. Cell phones of Mother/Father/Guardian
3. Place of Employment for Mother/Father/Guardian
4. Ambulance for transportation of child to medical facility (in case of injury). In case of a major injury that requires immediate medical attention, an ambulance may be called first.

Staff will continue to call the parents or guardians until one is reached. Please note: information on this form will be shared with emergency medical staff.

Personal Electronic Technology Devices (PTD)

All extraneous personally owned technology devices, including, but not limited to, cellular phones, Blackberrys, pagers, beepers, gaming devices, headsets, and other communication devices are for use only during an actual lock down or emergency. Other devices, including, but not limited to, tablet PCs, mobile presenters, wireless tablets, digital audio and video recorders, Palms, Sidekicks, iPods, Kindles, iPads, MP3 players, texting calculators, camera video phones, digital cameras or laptops are to be used only when permission has been granted by an institutional or organizational employee with the authority to grant such permission. Devices capable of capturing, transmitting, or storing images or recordings may never be accessed, turned on or operated in restrooms, dressing rooms, or other areas where there is a reasonable expectation of privacy. To protect the safety and well-being of students, staff and other community member's personal property and to avoid disruptions to the learning environment; group leaders, teachers, or school personnel reserve the right to confiscate or collect any PTD. The content of any PTD device may be reviewed by a designated chaperone or official as part of any investigation of policy violation or other suspected inappropriate, immoral and/or illegal use. If an illegal act is discovered, local law enforcement officials will be contacted. The Catholic Diocese of Wilmington and its parishes and organizations are not responsible for any harm to PTDs, including by not limited to the loss, theft, damage, or destruction of PTDs or any contents therein.

Permission and Hold Harmless

I hereby give my consent for the above named individual to participate in the above named parish/school youth activity (ies) during the current program year. I authorize responsible personnel to obtain proper medical treatments should it become necessary. Excluding intentional, deliberately-inflicted and illegally caused injuries, I further agree, in consideration of the above named parish's sponsorship of beneficial youth programs, to release the above named parish, the Catholic Diocese of Wilmington, and all of their employees, directors, administrators, youth ministers and volunteers from all legal liability for accidental injuries suffered by my child as a result of participation in athletic activities, or travel to and from any officially sanctioned event. Providing, however, that recourse is reserved to seek damages, medical and hospital expenses, and court costs for any such accidental injuries to my child incurred during an officially sanctioned event from any liability insurance carrier within the limits of its liability policy.

If I cannot be reached and the parish/school authorities have followed the procedures described, I agree to assume all expenses for transporting and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedures which may be carried out based on the medical judgment of attending physician.

I understand that the Diocese of Wilmington and its staff are committed to providing fun, safe, educational experiences and that diocesan events are conducted in smoke-, alcohol-, and drug-free environments. In light of this, and to help ensure the safety of all concerned, I understand that if my child is in possession of drugs, alcohol, or tobacco products, engages in illegal, immoral, or offensive behaviors, or refuses to follow the directions given by event staff or volunteers while participating in this activity, I will be contacted immediately to pick up my child.

I understand that promotional pictures (individual and group) may be taken during officially sanctioned events. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, etc.) in highlighting the event. I understand, however, that the above named parish/institution has no control over the use of photograph or film taken by media or private vendors that may be covering events.

I affirm that the information above is true and correct and may be shared with school personnel on a "need to know" basis.

Signature of Parent/Guardian: _____

Relationship to Participant: _____

Date: _____

____/____ School Year Date of Registration: _____

ST. ELIZABETH ANN SETON YOUTH MINISTRY REGISTRATION FORM

Are you registered in St. Elizabeth Ann Seton Parish? Yes No
Last Name of Family as Recorded in Parish Register: _____ Parish ID/Env # _____

STUDENT INFORMATION

Student Name: _____ Date of Birth: _____
(Last Name) (First Name)
Address: _____
(Street) (City, State) (Zip)
Name of School Attending: _____
Home Phone _____ Cell Phone _____ Email _____
Do you want to receive Text Notices?..... Yes No Do you want to receive Email Notices?..... Yes No
Are you attending Seton Religious Education Classes?..... Yes (RE Grade Attending _____)..... No
Are you attending YM to complete the Diocesan requirements for the Sacraments of Eucharist or Confirmation?..... Yes No
Medical Conditions _____ Allergies _____

PARENT INFORMATION

Marital Status Married Separated Divorced Single Designated
Child lives with: Both Parents Joint Custody Father Mother Legal Guardian Custodian
Father's Name: _____ Language _____
(Last) (First)
Address (if different from Student's): _____
(Street) (City, State) (Zip)
Home Phone _____ Cell Phone _____ Email _____
Do you want to receive Text Notices?..... Yes No Do you want to receive Email Notices?..... Yes No
Mother's Name: _____ Language _____
(Last) (First)
Address (if different from Student's): _____
(Street) (City, State) (Zip)
Home Phone _____ Cell Phone _____ Email _____
Do you want to receive Text Notices?..... Yes No Do you want to receive Email Notices?..... Yes No
Legal Guardian or Custodian's Name: _____ Language _____
(Last) (First)
Address (if different from Student's): _____
(Street) (City, State) (Zip)
Home Phone _____ Cell Phone _____ Email _____
Do you want to receive Text Notices?..... Yes No Do you want to receive Email Notices?..... Yes No
Emergency Contact (other than those listed above):
Name _____ Phone: _____ Language: _____

PERMISSIONS (MARK YOUR INITIALS ON YES/NO SPACES PROVIDED FOR EACH.)

I give my permission for the above named student to receive Youth Ministry related Text and/or Email notices from St. Elizabeth Ann Seton Parish. (*James Holman, Millie Acosta, Thomas and Cindy Vadden*)..... Yes No
I give my permission for the above named student to drive him/herself to YM related Gatherings and Events..... Yes No
List any additional individuals who are authorized to pick your student up after YM related Gatherings and Events:

_____	_____	_____
(Name)	(Relationship to student)	(Phone)
_____	_____	_____
(Name)	(Relationship to student)	(Phone)
_____	_____	_____
(Name)	(Relationship to student)	(Phone)

Parent/Legal Guardian Signature Date

ANNUAL CONSENT AND RELEASE FOR PHOTOGRAPHY, VIDEO AND COMMUNICATION via Cell Phone, Email, Social Media and Website.

**DIOCESE OF WILMINGTON
Parish/Institution Annual Parental Consent and Release Form**

Parish/School St. Elizabeth Ann Seton Church
Youth Ministry Program

Personal Information

Full Name of Child: _____

Full Name of Parent(s): _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Date of Birth: ____ / ____ / ____ Age: _____

Participant E-Mail: _____ Participant Cell Phone#: _____

Providing email address and cell number grants permission for electronic communication from group.

I hereby give my consent for the child listed to be contacted by St. Elizabeth Ann Seton Youth Ministry (*James Holman, Millie Acosta, Thomas and Cindy Vadden*) via: (check all that apply)

Cell Phone/Text; Email; Facebook Wall Message from Facebook Page; Instagram

I understand that promotional pictures (individual and group) may be taken during officially sanctioned events. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, Power Point, etc.) in highlighting the event. Yes; No

I understand, however, that the above named parish/institution has no control over the use of photograph or film taken by media or private vendors that may be covering events.

I hereby give my consent for the child listed to be photographed by St. Elizabeth Ann Seton Church Youth Ministry. Please note that pictures may be used for flyers and posters in our Parish and on the Parish Website.

Yes; No

I hereby want to be CC in all electronic communication from group. Yes; No

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Relationship to Participant: _____

Date: _____