St. Michael the Archangel Catholic Church

8014 State Road 52 ◆ Hudson, Florida 34667-6763 ◆ 727-868-5276 Phone ◆ 727-862-9187 Fax

ANNUAL PARENTAL PERMISSION/RELEASE
for Communication, Photos and Medical

Method of Communication Release:
Your teenager is a member of the parish youth ministry. We try to keep them up-to-date with dates for meetings and/or changes in our calendar of events. With the implementation of the Safe Environment policies within the Diocese of St. Petersburg, we are now seeking your permission for these items.

❒ **Yes**, I give _____ (my youth/participant) permission to communicate with the Parish Coordinator of Youth Ministry and/or youth ministry team leaders through the use of his/her: (check all that apply)

- ❒ Email address _____
- ❒ Cell Phone _____
- ❒ Facebook _____
- ❒ Text Message _____
- ❒ Instant Messaging _____
- ❒ Postal Mail _____
- ❒ Home phone _____

I also give permission for the Parish Coordinator of Youth Ministry and/or youth ministry team leaders to use this contact information to communicate with him/her. We understand that any addresses received through the parish youth ministry will only be used for the parish youth ministry purposes

❒ **No**, I *do not* give _____ (my youth/participant) permission to communicate with the Parish Coordinator of Youth Ministry and/or youth ministry team leaders through the use of his/her: (check all that apply)

- ❒ Email address _____
- ❒ Cell Phone _____
- ❒ Facebook _____
- ❒ Text Message _____
- ❒ Instant Messaging _____
- ❒ Postal Mail _____
- ❒ Home phone _____

❒ I, as parent/guardian, would also like to receive an email update of all dates for meetings and/or changes in the calendar of events. My email address is: _____.

Publicity/Photo/Video Release:
From time to time, publicity releases for newspapers, television, website, and other media may be prepared about events occurring at the parish. These may or may not be accompanied by photos or videotape of youth/participant. The releases may be prepared by St. Michael the Archangel Parish or media representative.

❒ **Yes**, I do give permission for my student(s) name and likeness to be included in such publicity releases/photos/videos.

❒ **No**, I *do not* give permission for my student(s) name and likeness to be included in such publicity releases/photos/videos.

Continued on reverse side.

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ANNUAL MEDICAL RELEASE FORM

IN CASE OF AN ACCIDENT OR SERIOUS ILLNESS, THE ABOVE PARISH WILL CONTACT THE PARENT/GUARDIAN LISTED BELOW. IF THE PARISH IS UNABLE TO REACH THEM, OR ANY OTHER PERSON DESIGNATED, THEN I HEREBY AUTHORIZE THE CHURCH AND ITS REPRESENTATIVES TO CONTACT MY CHILD'S PHYSICIAN AND/OR MAKE ARRANGEMENTS FOR IMMEDIATE EMERGENCY TREATMENT. PAYMENT OR FEES FOR ALL MEDICAL SERVICES WILL BE THE RESPONSIBILITY OF THE PARENT/GUARDIAN. **THIS MEDICAL RELEASE IS VALID FROM AUGUST 1, 2017 UNTIL JULY 31, 2018** AND FOR ALL EVENTS THROUGHOUT THE YEAR. I UNDERSTAND THAT IT IS THE PARENT'S RESPONSIBILITY TO UPDATE THIS FORM AS NECESSARY THROUGHOUT THE YEAR.

Youth's Name: _____

Parent or Legal Guardian's Name: _____ Phone: _____

Emergency Contact Information: _____

Family Physician's Name: _____ Phone: _____

Insurance Company Name: _____ Insurance ID Number: _____

Group Number: _____ Cardholder's Name: _____

Health Information

List all medications taken daily and/or regularly: _____

_____

Youth/participant's allergies, if any, including medication and food allergies: _____

_____

Youth/participant's chronic medical problems (e.g. diabetes, epilepsy): _____

_____

Youth/participant's other physical restrictions or dietary requirements (if any): _____

_____

Date of Tetanus: _____ Other Medical: _____

Other medical treatment: In the event it comes to the attention of the Church representatives, volunteers or employees that my child has become ill with symptoms such as headaches, vomiting, sore throat, fever, diarrhea, I want to be called collect.

My child may be given: Tylenol (❒ Yes / ❒ No) Ibuprofen (❒ Yes / ❒ No)

Throat lozenges (❒ Yes / ❒ No) Benadryl (❒ Yes / ❒ No).

_____ _____

Signature of Parent/Guardian Date

Before me this day personally appeared _____, who is personally known to me or produced identification _____ , type of identification _____.

(SEAL)

_____

Printed Name of Notary

_____

Signature of Notary

Revised 10/03/16