

**APPENDIX 10A - CHILDREN/YOUTH HEALTH INFORMATION
AND PARENT/GUARDIAN CONSENT**

Parent/Guardian: Please complete both sides of this form and return to the parish group your child/youth is attending.

Note to parent/guardian

1. The information on this form may be used by parish representatives or medical personnel to administer or authorize appropriate health care or medical attention for the participant; and to obtain your permission for another person to pick-up your child/youth.
2. Please return this form to the Ministry Personnel in charge. You may be asked to review and update health information on this form periodically throughout the year. Please initial any changes.

Part A: Contact Information

Participant's name: _____
Last name First name

Birth Date (YYYY/MM/DD) _____ **Age:** ____ **Grade:** ____ **Height:** _____ **Weight:** _____

Address: _____
Number Street Apt. Number P.O. Box or R.R. Number

City Province Postal Code

Parent/Guardian Name: _____
Last name First name

Telephone: Home: _____ Work: _____ Cell: _____

2nd Parent/Guardian Name: _____
Last name First name

Telephone: Home: _____ Work: _____ Cell: _____

Emergency contact other than parent/guardian (when parent/guardian not able to be reached).

Name: _____ **Relationship to child:** _____

Telephone: Home: _____ Work: _____ Cell: _____

Part B: Medical Information

If more space is required to respond to the questions, please use a separate sheet of paper.

1. Family doctor _____ Phone _____
2. The activity/event may include activity games, swimming, bowling, etc. Does the participant have any physical, cognitive, emotional or behavioral limitations/challenges that would require assistance and/or modifications to the program to enable her to participate fully? (Please circle response) Yes No If yes, please state particulars:

3. Do you have any special instructions for parish ministry personnel regarding the participant's health care and/or diet?
 (Please circle response) Yes No If yes, please explain: _____

4. Are corrective lenses required? (Please circle response) Yes No
5. Contact lenses? (Please circle response) Yes No

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Part B: Medical Information continued

7. If the participant has allergic reactions to such things as food, insect stings, medications, etc., please complete the following:
- | | <i>Allergy</i> | <i>Life-Threatening?</i> | | <i>Allergy</i> | <i>Life-Threatening?</i> |
|----|----------------|--------------------------|----|----------------|--------------------------|
| 1. | _____ | Yes No | 4. | _____ | Yes No |
| 2. | _____ | Yes No | 5. | _____ | Yes No |
| 3. | _____ | Yes No | 6. | _____ | Yes No |
8. Is the participant subject to any of the following? (*Please circle all that apply*)
- | | | | |
|---------------------|-------------|-----------------|-------------|
| Fainting | Convulsions | Motion sickness | Diabetes |
| Respiratory ailment | Ear trouble | Headache | Other _____ |
9. Chronic conditions or recent illnesses of which the parish ministry personnel should be aware (use extra sheet if necessary):

10. Please provide details of treatment required and name of medications he/she will be bringing with him/her if required for the above mentioned condition(s). _____
11. Are there any medications that your child/ward should carry themselves (e.g., asthma pump, Epi-pen). Yes No
12. If yes, please specify: _____

Medications: Any medication (over-the-counter and/or prescribed) required by your child or youth must be brought with them in original packaging with dosage instructions and clearly labeled with their name. Medications are to be given to the Ministry Personnel or first aid provider upon arrival at the activity/event for storage. The Ministry Personnel or first aid provider will supervise the taking of medication by the child or youth according to instructions provided. Participants must be willing to take their medication. They will not be given any medication that is not provided by their parents/guardians.

Other comments: _____

Note: *If the participant has been treated by a physician for an illness or injury within one month of the date of the activity, it is recommended that a doctor's note is sent giving permission for the child or youth to participate.*

PERMISSION TO PICK UP CHILD MEMBER

The Diocese strives to provide the safest possible environment for your child. In keeping with that goal, Ministry Personnel will only release your child/youth to individuals who have been authorized by you to pick up your child/youth after Diocesan or Parish activities.

- a) My child/youth has my permission to make his/her own way home: Please initial _____
- b) In the space below, please list up to four people who may pick up your child/youth.
1. _____ 2. _____
3. _____ 4. _____

**Please note that individuals on the list may be required to show photo identification if they are not known to the ministry personnel. If there is a need for someone other than those listed above to pick up your child/ward, please inform the Ministry Personnel in writing. In an emergency situation, the Ministry Personnel may accept verbal authorization from you.*

Every care and attention will be given to the health and comfort of the participant.

I hereby authorize a parish ministry representative to secure such medical advice and services (e.g., contacting EMS/ambulance) as may be deemed necessary for the health and safety of myself or my child/ward during activities. I agree to accept financial responsibility in excess of the benefits allowed by my provincial health plan.

Signature of parent/guardian: _____ **Date:** _____

Signature of Participant (or custodial parent/guardian if participant is under provincial/territorial age of majority)

NOTE TO PARISH MINISTRY PERSONNEL:

Securely destroy this form at the end of the Program year or return to parent/guardian.

**APPENDIX 9 - CHILDREN/YOUTH REGISTRATION FORM,
IMAGE RELEASE AND PARENT/GUARDIAN CONSENT**

Parent/Guardian: Please complete both pages of this form and return to the parish.

I hereby give permission to my child to participate in any regular parish and diocesan program for the 20____ - 20____ ministry year. (If signing up for a program after May 15 of a ministry year, this will be in effect until August of the following year.)

Part A: Contact Information

Family name: _____
Last name

Address: _____
Number Street Apt. Number P.O. Box or R.R. Number
City Province Postal Code

Child 1 Name _____ Date of Birth yy/mm/dd Age ____ Grade ____ Male Female
Child 2 Name _____ Date of Birth yy/mm/dd Age ____ Grade ____ Male Female
Child 3 Name _____ Date of Birth yy/mm/dd Age ____ Grade ____ Male Female
Child 4 Name _____ Date of Birth yy/mm/dd Age ____ Grade ____ Male Female

Parent/Guardian Name: _____
Last name First name

Telephone: Home: _____ Work: _____ Cell: _____

Email: _____

2nd Parent/Guardian Name: _____
Last name First name

Telephone: Home: _____ Work: _____ Cell: _____

Email: _____

Emergency contact other than parent/guardian (when parent/guardian not able to be reached).

Name: _____ Relationship to child: _____

Telephone: Home: _____ Work: _____ Cell: _____

Part B: Purpose and Extent

_____ (name of Home Parish) is collecting and retaining this personal information for the purposes of enrolling your child in our programs, to assign the student to appropriate classes, to develop and nurture ongoing relationships with both you and your child, and to inform you and your child of program updates and upcoming opportunities in our Parish and Diocese. Information about programs may be communicated to you and/or your child electronically. This registration, image release and consent form will be maintained indefinitely at the Diocesan Office as required by our insurance company and legal counsel.

I have read, understood and agree with the above.

Signature of parent/guardian _____ Date _____

**cont. Children/youth registration Form
Image RELEASE AND parent/guardian consent**

Part C: Image Release

Photos

Should you **not** wish your child/youth to have photos or images used, please indicate which form is **not** acceptable:

- | | | |
|---------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Brochures/Promotional Material | <input type="checkbox"/> Church Bulletin Boards | <input type="checkbox"/> Diocesan/Parish Website |
| <input type="checkbox"/> Diocesan/Parish Newsletters | <input type="checkbox"/> Videotaping | <input type="checkbox"/> Social Media (Facebook etc.) |

Part D: General Consent Statement

The Diocese of Prince Albert has a set standard and guidelines for activity management including supervision, training, and health matters. These standards are in our Diocesan Responsible Ministry Protocol and are available upon request.

During a typical year, your child or youth will participate in a variety of activities, which may include, but are not limited to:

- Arts and crafts (use of scissors, glue, other small craft material)
- Active games (physical activities that may involve balls, running, skipping, jumping, etc.)
- Use of equipment (for crafts, games, cooking, etc.)
- Active outdoor activities in the community (walking to other locations in the community, outdoor games, skating, sledding, bowling, swimming at a public pool, etc.)
- Excursions in the community (visit to senior centre, parks, etc.)
- Meals and snacks (each participant must complete a Health Information Form (Appendix 10))

In all activities there is an element of risk. Adults in charge of activities will take all reasonable precautions to minimize these risks; this is no guarantee against injury or loss. Some of the risks associated with typical activities include, but are not limited to: scratches or cuts or bruises; sprains; strains or possible broken bones; illness from known or unknown sources; theft or loss of possessions; unforeseen injuries from activities; equipment or actions of your child, other participants or other people, including negligent actions.

You will occasionally need to provide your child or youth with equipment or clothing appropriate for the activity.

From time to time, unscreened adults may be present. We do not permit a child or youth to be left alone with an unscreened adult.

Some activities may take place in the community. These may be within walking distance or may require a different drop-off or pick-up location, which would be your responsibility. You will be informed when the activity will be at a different location than the usual meeting place.

From time to time your child or youth may attend activities or events (i.e., deanery gatherings, diocesan rallies or special outings or events) that would be in addition to the activities outlined above. Your permission will be required for these specific activities/events. If these occur, additional information will be sent home with your child or youth.

Part E: Declaration

I have read and understand the information provided on this form. I understand and assume any and all risks associated with Parish Deanery, and/or diocesan activities on behalf of my son/daughter/ward not limited to those risks listed above. I authorize my son/daughter/ward to participate in the activities described above,

Name: _____ Signature: _____
(please print)

Date: _____

We protect and respect your privacy. Your personal information is used only for the purposes stated on or indicated by the form.