ANNUAL CONSENT AND RELEASE

DIOCESE OF BRIDGEPORT
PARISH ANNUAL PARENTAL CONSENT AND RELEASE FORM

PARISH Sacred Heart - Saint Patrick **YEAR** _____

Personal Information

Full Name of Child			
Address			
City		State	Zip
Home Phone		Date of Birth ___/___/_____	Grade
Participant E-Mail			
Participant Cell Phone			

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

Medical Information

*	☐ Yes ☐ No	Does your child have any allergies (food or medicinal)? If Yes, please explain below.
	☐ Yes ☐ No	Can your child participate in all activities (physical and social)?
*	☐ Yes ☐ No	Does your child have an IEP (individual education plan) at school?
*	☐ Yes ☐ No	Does your child participate in any Special Education programs at school?
*	☐ Yes ☐ No	Has your child been diagnosed with ADHD?
*	☐ Yes ☐ No	Is your child allergic to bee stings?**
*	☐ Yes ☐ No	Does your child have asthma?**
*	☐ Yes ☐ No	Are there any serious medical conditions of which the Youth Minister, Director/ Coordinator of Religious Education, Parish Nurse (if applicable) should be aware? *

**If you answered 'yes' to any of the above, it is the responsibility of the parent/guardian to check with parish representatives to ensure those items *ed above will not endanger the young person. **Epi-pens should be carried by the young person, if appropriate, and parents/guardians should discuss protocol before enrollment.*

Current Prescription Medications	
Medicinal Allergies	
Food Allergies	

Parent/Guardian Information (Mother)

Full Name of Mother		
Home Phone		
Cell Phone		Email

Parent/Guardian Information (Father)

Full Name of Father		
Home Phone		
Cell Phone		Email

Additional Emergency Contact

Full Name of Emergency Contact		
Home Phone		Cell Phone

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 and cell phones of Mother/Father/Guardian
2. Home and cell phones of Emergency Contact
3. 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, 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, smart phones, smart watches, iPods, Kindles, iPads, camera video phones, digital cameras or laptops are to be used only when permission has been granted by an institutional or organizational employee or volunteer 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, 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, or catechists 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 Roman Catholic Diocese of Bridgeport 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.

Parent Initial _____

Photo Release

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, social media 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.e., videographer at a First Communion). If you wish to **opt out**, please do not initial.

Parent Initial _____

Medication

I understand that the above-named individual while participating in the above-named parish youth activity(ies) and faith formation opportunities during the current program year should not self-administer medication of any kind. **I authorize** responsible personnel, if the circumstances warrant, to administer over the counter medications if available. In doing so, the personnel will not incur any liability or responsibility for any action or inaction taken based on their reasonable judgement and the specific facts of any situation. I hereby understand and acknowledge the role of responsible personnel and accept this practice related to medications**.**

Parent Initial _____

Permission and Hold Harmless

I hereby give my consent for the above-named individual to participate in the above-named parish youth activity(ies) and faith formation opportunities 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 Roman Catholic Diocese of Bridgeport, 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 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 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 Bridgeport and its staff are committed to providing fun, safe, educational experiences and that diocesan events are conducted in smoke-, alcohol-, and drug-free environments. Considering 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 affirm that the information above is true and correct and may be shared with parish personnel on a "need to know" basis.

Signature of Parent/Guardian: _____

Relationship to Participant: _____ **Date:** _____

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