



ST. PATRICK YOUTH GROUP PARENT/ GUARDIAN CONSENT FORM AND INDEMNITY AGREEMENT

Student/Participant Name: _____
Birthdate: _____ Sex: _____ Grade Level 2011 - 2012: _____

By completing this form, you, the parent/guardian are giving permission for your child to join and participate in the Youth Group at the Church of St. Patrick, Inver Grove Heights (SPY) during the 2011 – 2012 sessions. Please review the following information carefully and **sign and return the entire form.**

Purpose of Youth Group Meetings: In general, SPY is meant to foster community, build spirituality, and provide social and service opportunities for our youth.

Typical Meetings: Meeting schedules can be found on our website www.churchofstpatrick.com, the Church bulletin, the Youth bulletin board across from the downstairs elevator at the church, and other electronic methods as identified in the Communication Letter.

Typical Activities: Meetings might include large and small group discussion, activities such as games (indoor and outdoor), bonfires, art projects, parish service planning, social event planning, and viewing educational, spiritual, or recreational media materials, prayers, appropriate music, movies. Light snacks and beverages are sometimes included.

Other Activities: Students may choose to help with (via sign up) various service projects and fundraisers in the parish. They may also choose to attend field trips and off-site events for which additional permission forms will be required.

Mother _____ Mother's Work # _____ Cell/Pager _____

Father _____ Father's Work # _____ Cell/Pager _____

Home Address _____ City _____ State _____ Zip _____

Home phone: _____

***PEOPLE TO CONTACT IF PARENTS/GUARDIANS CANNOT BE REACHED**

Name	Phone-Home and/or Cell	Work
_____	_____	_____ / _____
_____	_____	_____ / _____

Doctor _____ # _____ Hospital _____

I, _____, grant permission for _____
(Parent/Guardian's Name – please print) (Child's Name – please print)

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the Church of St. Patrick and the Archdiocese of St. Paul/Mpls from any claims or lawsuits brought against the Church of St. Patrick and the Archdiocese of St. Paul/Mpls, by myself, my child, or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the Church of St. Patrick and the Archdiocese in defense of such a claim/lawsuit.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to call 911 and transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. If I/we cannot be reached, please call the above named person/s.*

Please list any health concerns or special circumstances pertaining to your child. Use reverse side if more space is needed. _____

As parent/guardian, I agree to all of the above stated considerations and conditions.

(Signature)

(Date)

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. *(Of the following statements pertaining to medical matters, sign only those that are applicable.)*

Medical Treatment: In the event it comes to the attention of the Church of St Patrick, its officers, directors and agents, the Archdiocese of Saint Paul & Minneapolis, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself) if no cell phone is available.

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled and in the original prescription containers, if applicable. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are indicated on attached Prescription Drug & Medical Authorization Form.

Signature: _____ Date: _____

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

Signature: _____ Date: _____

I hereby grant permission for **non-prescription medication** (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: The Church of St Patrick will take reasonable care to see that the following information will be held in confidence.

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

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____

Media Policy

Permission is granted to the Church of St Patrick to use my video/photo(s) and/or video/photo(s) of my child(ren) for use in promoting the Church of St Patrick. I agree that the Church of St Patrick may use such photographs/videos in publications related to programs with the knowledge that these publications may be posted electronically on the Church of St Patrick Homepage on the World Wide Web, and be created into a DVD slide show that will be available for public sale for purposes of marketing, development, memories, etc. Last names of children will not be published. I/We agree to release, indemnify and defend the Church of St Patrick for any claims related to the use of my child’s photos as described above. **Please write “DECLINE” across the signature line if you wish for your child to be opted out of this.**

Parent/Guardian Signature

Date

**ST. PATRICK YOUTH GROUP – CONDUCT AND BEHAVIOR
EXPECTATIONS**

As part of St. Patrick’s Youth Group (SPY), you are expected to maintain appropriate behavior at all times. If your behavior becomes inappropriate, your parent/guardian will be contacted to pick you up immediately and/or assist with your behavior. Please read the expectations carefully. **We know that most young people have excellent behavior and intentions and we believe that all are capable of participating appropriately in SPY activities and events.**

The following general behavior is expected:

- Treat all other persons with respect and do not cause any intentional harm (physically, emotionally, or spiritually) to any person in any way.
- Respect the property of others, including all program facilities and property.
- Follow all appropriate instructions of all personnel aiding in this event, including, but not limited to, chaperones, support staff, and administration.
- Do not have in your possession any tobacco, alcohol, or any controlled illegal substance.
- Have fun and do your best to participate in the activities in a way that also allows others to enjoy them.

Please remember that the root of the words discipline and disciple is the same and choose wisely about what words and actions you use. Good, Christian behavior is expected at all times.

If you fail to use good self-discipline, the following may happen:

- For lesser problems, you may be warned to correct your behavior once prior to contacting parent/guardian.
- Your parent/guardian may immediately be contacted to take you home.
- For repeated problems at Youth Group activities, you may be suspended from the group for a time determined by St. Patrick’s staff and your parents/guardians.

Youth Participant Signature

Date

Parent/Guardian Signature

Date

July 1, 2011

Dear Parents of Teens,

It is truly a privilege to minister to, and beside, your children. While our activities are very fun, I take this position very seriously, and I will always do my best to help share the light of Christ in a meaningful way. In order to accomplish this, it is my intention to build meaningful and positive relationships with young people in our community.

Meeting schedules can be found on our website www.churchofstpatrick.com, the Church bulletin, the Youth bulletin board across from the downstairs elevator at the church, and other electronic methods as identified in this Communication Letter. Please call me with any questions, and as usual, please keep an eye on our parish bulletin for any last minute details.

In an attempt to reach teens where they are, I intend on using several methods of communication this year, including:

1. Occasional letters home (such as this one)
2. Emails (If provided, or available)
3. Phone Calls (If numbers are provided, or available)
4. SMS and Text Messaging (If provided, or available)
5. Social networking websites, like Facebook (If provided, or available)

In no way am I attempting to persuade you into allowing your child any of these amenities if you don't currently allow them. I am not endorsing, for example, text messaging or Facebook, I am simply trying to find methods of communicating to teens who are *currently* using them as a primary method of communication in their lives. All of these methods would be used by me to communicate meeting times and gathering announcements or reminders, all of which will also be mailed out on a monthly basis.

If for any reason you, the parent or guardian, do not want me to contact your child in any or all of these ways, please don't hesitate to contact me at your earliest convenience.

God Bless,

Steve Richter
Youth and Confirmation Coordinator
Church of St. Patrick
651-455-6624 Parish Line
651-621-1567 Direct Line
srichter@churchofstpatrick.com

