PARENTAL CONSENT FOR PARISH FIELD TRIP

INFORMATION ABOUT THE EVENT

EVENT: COST:
DATE(S): TIME:
EVENT LOCATION: PARISH: St. Anthony the Abbot Catholic Church

INFORMATION ABOUT MY YOUTH

Name of Youth: _____ Date of Birth _____

Home Address: _____

Name of Parent/Guardian: _____

Work Phone: _____ Home: _____

Emergency Number for above date: _____

CONSENT AND RELEASE

General: I hereby request and give my permission for my youth to participate in the above event. I understand and assume the risks inherent with this event from other parties, but I also understand that all reasonable care and supervision will be exercised to provide for the general well-being of my youth. I, individually and on behalf of my youth named above, do hereby release, covenant not to sue, and save harmless: The Bishop of the Diocese of St. Petersburg; the above Parish; and the employees, agents and volunteers for the event, from any and all claims for any and all harm arising to my youth as a result of their participation in this event.

Medical: I hereby request the Parish representative obtain medical treatment for my youth in the unlikely event of injury or illness during this event and I agree to pay any expenses incurred for such treatment. By signing this form I represent that an updated Annual Medical Release form for my youth is on file at the above-named Parish and that it is current and complete as to my youth's allergies, dietary requirements, medications and health conditions. If my youth is taking prescription or non-prescription medication(s) at the time of the above event, I here give consent to the location's medical staff and/or the Parish staff to administer this medication to my youth. I understand that it is my responsibility to send with my youth the appropriate quantity of clearly labeled medication showing dosage and frequency and to notify a chaperone about these issues in advance of the event. I understand that the Parish cannot be responsible for my failure to send the appropriate quantity of medication or for errors in the dosage and frequency due to any cause whatsoever. ANY FIELD TRIP MAY INVOLVE EXPOSURE TO THE SUN. PLEASE ASSESS YOUR CHILD AND THE AMOUNT OF EXPOSURE AND TAKE APPROPRIATE PRECAUTIONS.

Transportation: _____YES_____NO I hereby grant my youth permission to ride in church sponsored transportation (if available) which will be via (plane/car/etc) to and from the event. I understand that all diocesan transportation guidelines will be followed. I also understand that I can request a copy of these guidelines from the Diocesan Office of Insurance and Risk Management or from my local parish or related office.

YOUTH/STUDENTS MUST ACCOMPANY THE PARISH GROUP TO AND FROM THE FIELD TRIP IF TRANSPORTATION IS PROVIDED AND "YES" IS SELECTED ABOVE.

MOTHER'S SIGNATURE _____ DATE _____
FATHER'S SIGNATURE _____ DATE _____

BOTH SIGNATURES ARE REQUIRED EXCEPT IN SINGLE PARENT FAMILIES. IN THE CASE OF SINGLE PARENT FAMILIES - THE CUSTODIAL PARENT SIGNATURE IS REQUIRED.

Parish Name _____
Parish Address _____
Parish Phone Number _____

ANNUAL PARENTAL PERMISSION/RELEASE
for Communication, Photos, and Medical

Method of Communication Release:
During the year your teenager is a member of the parish youth ministry, we do 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:
(please check all that apply)

- ☐ Email address _____
- ☐ Facebook _____
- ☐ Instant Messaging _____
- ☐ Home phone _____
- ☐ Cell phone _____
- ☐ Text message _____
- ☐ Postal mail _____

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 (please check all that apply)

- ☐ Email address
- ☐ Facebook
- ☐ Instant Messaging
- ☐ Text message
- ☐ Home phone
- ☐ Cell phone
- ☐ Postal mail

___ 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 students. The releases may be prepared by _____ 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.

(over)

Parish Name _____
Parish Address _____
Parish Phone Number _____

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 RESPONSIBLIITY OF THE PARENT/GUARDIAN. **THIS MEDICAL RELEASE IS VALID FROM AUGUST 1, 2016 UNTIL JULY 31, 2017** 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/Participant's Name: _____
Parent or Legal Guardian's Name _____ Phone(s) _____
Emergency contact information: _____
Family Physician's Name: _____ Phone: _____
Insurance Co. Name_____ Medical 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 (circle: yes / no); Ibuprofen (circle: yes / no); Throat lozenges (circle: yes / no); Benadryl (circle: yes / no).

_____ _____
Signature of Parent/Guardian Date

STATE OF FLORIDA, COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20___ who [ ] is personally known to me, or [ ] who produced the following as identification _____.

(SEAL)

_____
Signature of Notary Public

_____
Typed or printed name
Commission No. _____

Code of Conduct: Children & Youth

Code of Conduct for Children and Youth

The first premise of this code is that children and youth function best when behaviors and expectations are clearly defined. It is accepted that parents are the first and foremost educators of their children in all aspects of their development. This experience aims at developing upright citizens and good Christians, following the new commandment Jesus gave His disciples, *"A new commandment I give unto you that you love one another."* (John 13:34-35)

In Timothy 4:12 we read ***"Let no one have contempt for your youth, but set an example for those who believe, in speech, conduct, love, faith and purity."*** **Timothy is urged to rely on the gifts he has received from God. This code urges our children and youth to rely on God's gifts to them, especially charity, chastity and purity. This calls the young person to acknowledge and promote one's personal dignity and the rights that go with it.**

It becomes important for children and youth to know the difference between "right" and "not right" relationships. "Right" relationships foster personal, spiritual, and emotional growth, e.g., the ability to communicate, to forgive, to show affection, to be honest, vulnerable, dependable, etc. "Not right" relationships become harmful and hurtful, and even abusive. Abuse occurs when someone does not respect another's boundaries, uses power, tricks, threats, or violence to cross or change another's boundaries, or inflicts hurtful or unwanted behavior (physical, verbal, emotional, or sexual) on another person.

This code is used in conjunction with existing local or diocesan policies, protocols or other codes and is not intended to supersede them.

When engaging in formal and informal activities, functions, and programs, children and youth are expected to behave appropriately at all times, respecting the rights of others.

1. Christian behavior is expected at all times.

2. Respect for individuals, the community and facilities being used is required.

3. Cooperation and self-control are necessary when participating in programs and activities.

4. Dress must be in accord with the activity and appropriate for a Christian environment.

5. Unacceptable behavior and lack of cooperation will not be tolerated, but will be addressed appropriately. Examples of unacceptable behavior are as follows, though not limited to:

- **a. disrespect for adults and peers**
- **b. use of vulgar language or gesture, use of racial slurs**
- **c. damaging of property**
- **d. fighting or intent to injure others**
- **e. constant disturbance of others at work or in an activity**
- **f. cheating**

6. Possession of weapons, possession, sale or use of alcohol or drugs are forbidden.

7. No child or youth has the right to treat another in any manner that will cause physical or emotional pain. Therefore, harassment of any kind is unchristian and unacceptable.

8. Coercion or threats to so something physically hurtful or for the purpose of exposing someone or something about another is unacceptable behavior.

9. Chastity is a virtue to be held in high esteem and promoted in practice. Sexual abuse of any

sort, coercing a person to engage in sexual acts against her or his will, physically touching the sexual parts of another's body, treating a person like a sexual object are unacceptable and abusive behaviors. Consensual sex between students or initiated by minors to adults must never occur.

References:

Diocese of Omaha, NE (2002). Sample Youth Code of Behavior.

Diocese of Orlando, FL (2002). Code of Conduct, Bishop Moore Catholic High School.
Code of Conduct, Annunciation Catholic Academy.
Diocese of Orlando, FL (2002).

McCarthy, Robert J. (2002). Protecting Young People, National Federation of Catholic Youth Ministers, Washington, D.C.

23rd General Chapter of the Salesians of Don Bosco (1990). Educating Young People to the Faith.

Third Draft 03.06.03