



OUR LADY
of
MOUNT CARMEL
CATHOLIC CHURCH
DOYLESTOWN, PENNSYLVANIA

“You aren’t just the future of the Church...

You are the Now of God!” Archbishop Nelson Perez

Our Lady of Mt Carmel Youth Ministry

Welcome Packet 2025-2026

Contact: Dawn Solly, Youth Minister

215-345-7089 or youthministry@ourladymtcarmel.org

Our Mission

- *To empower teens to live as disciples of Jesus Christ in our world today.
- *To draw teens to responsible participation in the life, mission, and work of the Catholic faith community.
- *To foster the total personal and spiritual growth of each teen.

Our Vision

- *Creating a welcoming and positive environment
- *Building Christ-centered relationships
- *Sharing authentic Catholic teachings and experiences

OLMC Teen Youth Ministry

Communication, Parental Permission, and Medical Release Form

Print Teen's Name	Email Address	Birth Date	Current Grade
-------------------	---------------	------------	---------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Print Parent's Name	Email Address	Emergency Contact Number
---------------------	---------------	--------------------------

_____	_____	_____
_____	_____	_____

Emergency Contact Name and Number (if parent can't be reached)

Parent – Please Initial to Affirm

_____ I give my permission for my teen(s) to participate with OLMC Teen Youth Ministry.

_____ I give my permission for my teen(s) to partake in snacks/meals offered during our time together.

_____ I give my permission for Dawn Solly to communicate with my teen(s) through email. I understand I will be copied on all correspondence.

_____ I give OLMC Youth Ministry permission to treat my child for any injuries/conditions related to this activity.

_____ My child has permission to be given Tylenol or Ibuprofen, if they request it.

_____ I give OLMC Youth Ministry permission to photograph/video my child and use pictures/videos to promote OLMC Youth Ministry.

Medical Information

Medical Insurance Carrier:

Parent/Guardian's Insurance Company _____

Group Number _____ Child's ID Number _____

Medical Information:

Family Physician's Name _____ Phone _____

Please list all pertinent information (allergies, medications, physical impairments, or any other information necessary in an emergency situation). Please put name of teen in parenthesis if listing for more than one child.

Medical Release:

To Whom It May Concern:

As a parent/guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. This release is intended for **September 1, 2024 thru September 30, 2025**. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

In case of a Medical Emergency, I understand that, in the event medical treatment is required, every effort will be made to contact me or the emergency contact. However, if I or the contact cannot be reached, I give permission to the staff to secure the services of a licensed physician to provide the care necessary, including hospitalization, anesthesia, injection, or surgery for my child's well-being. I hereby agree to indemnify and hold harmless Our Lady of Mt Carmel Church, the Archdiocese of Philadelphia and its officers, employees, and volunteer staff from any liability.

I agree to all of the above stated: _____

Date: _____