

St. Pius X Faith Formation/Youth Ministry Emergency/Medical Release Form 2017-2018  
 PLEASE PRINT LEGIBLY & RETURN TO PARISH OFFICE **AS SOON AS YOU HAVE REGISTERED**

**STUDENTS NEED FORM COMPLETED, SIGNED & RETURNED TO ATTEND FAITH FORMATION/YOUTH MINISTRY**

Family Name: \_\_\_\_\_

Mother/Female Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell : \_\_\_\_\_

Father/Male Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell : \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ PCP Phone: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

Do you carry medical/hospital insurance? Yes \_\_\_ No \_\_\_ If "Yes": Name of Insurance

Company: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Please list an emergency contact who will assume responsibility for your child in the event you cannot be contacted.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Is there someone to whom your child may not be released? \_\_\_\_\_

	Child #1	Child #2	Child #3	Child #4
First & Last Name				
Birth Date/Age				
Any allergies or special needs, concerns, dietary restrictions, or health concerns				
Any medications (prescription and/or non-prescription) currently taking INCLUDE DOSAGE				

**Be sure to list if your child has a MEDIC ALERT:**

***Please provide information critical to a first responder (e.g. Diabetic, severe allergies, anaphylaxis, etc)***

**Information contained on this page is CONFIDENTIAL and FOR CLINIC USE ONLY.**

**Authorization and Consent to Medical Treatment**

Understanding that my child may need emergency treatment during Faith Formation, I hereby authorize the St. Pius X Staff to administer such first aid or other minor medical treatment as shall be deemed best under the circumstances, and I consent for my child to receive such treatment.

I understand that the staff will attempt to notify me in the event of an emergency requiring immediate medical care for my child and if the staff is unable to notify me or any other identified individuals, it will have my child treated by a duly qualified physician at the nearest hospital or emergency center.

Any medical information provided to the St. Pius X staff may be shared with emergency medical personnel.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**St. Pius X's Faith Formation/Youth Ministry 2017-2018**



**CODE OF CONDUCT**



- Teachers, leaders, aides, young people and adults will use appropriate language and act respectfully towards each other in the classroom, meeting area and other parts of St. Pius X.
- Young people are expected to follow the directions of the teacher, leader, aide, hall/parking lot monitors and staff members.

If a young person does not follow the Code of Conduct, he/she will need to meet with the Faith Formation/ Youth Ministry Staff. Final decisions regarding acceptable behavior or the consequences of it are the decision of the staff member in charge. When a young person has to meet with the Faith Formation/ Youth Ministry Staff, the parent will be notified about the problem. Ongoing discipline problems may result in change of Faith Formation/ Youth Ministry program for the young person.

I have reviewed the Code of Conduct with my child(ren)/youth and we understand and agree with what is expected of my child(ren)/youth. We also understand that continued failure to follow the rules and regulations could result in the dismissal of my child(ren)/youth from the program.

Family (Last) Name: (please print) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Child(ren)/Youth Signature:

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