Date _____
Withdrawal Date _____

ST. LEO THE GREAT CATHOLIC CHURCH
YOUTH PROGRAM REGISTRATION & PERMISSION FOR EMERGENCY CARE
To be completed by parent/guardian at beginning of school year

NAME OF YOUTH_____ (Nickname) STUDENT'S DATE OF BIRTH_____

ADDRESS_____ (Street) City State Zip code

M_____F_____ HOME PHONE_____ SCHOOL_____

H.S. GRAD YEAR_____ PARENT'S EMAIL_____

YOUTH EMAIL _____

FATHER'S NAME_____ WORK PHONE_____

MOTHER'S NAME_____ WORK PHONE_____

FATHER'S ADDRESS_____

MOTHER'S ADDRESS (if different) _____

CHILD'S ALLERGIES (if any)_____

CHILD'S DOCTOR_____ DR.'S PHONE NUMBER_____

OUTSTANDING MEDICAL HISTORY (e.g., diabetes, heart disease, contact lenses, hearing aids, etc.)

_____

MEDICATIONS CHILD IS TAKING _____

THE ADULT LEADER HAS MY PERMISSION TO GIVE THE FOLLOWING MEDICATIONS TO MY CHILD IF NEEDED (please circle)

TYLENOL BENEDRYL ALEVE NEOSPORIN IBUPROFEN

INSURANCE COMPANY_____ POLICY #_____

Emergency contacts: In the event a parent cannot be reached, please give the name and phone number of two persons who could pick up and take your child home in a timely manner.

1) Name_____ Relationship_____ Phone_____

2) Name_____ Relationship_____ Phone_____

Please initial here if it is permissible for the adult leader in charge to take your child home if needed_____

My Child Needs these Sacraments (Please Circle): Baptism Reconciliation Eucharist Confirmation

□ **We need Parents** to help with different activities throughout the year. Please check box if you are willing to help us. We will call you to let you know our needs.

I agree to pick up my sick or injured child in a timely manner when contacted. If I cannot be reached, the above emergency contacts can be called to pick up my child. Additionally, if I cannot be contacted in an emergency, the parish has my permission to take my child to the emergency room of the nearest hospital and I hereby authorize its medical staff to provide treatment which a physician deems necessary for the well-being of my child.

I authorize St. Leo the Great Parish to use my child's picture or video recording for educational and/or marketing purposes. Parents/Guardians who do not wish their child to be photographed or filmed should so notify the Director of Youth Ministry in writing.

_____
Signature of Parent Date