



St. Jude High School Youth Summer Mission Trip

July 8-13, 2018 @ Beaumont, TX

Cost: \$400 (\$50 Deposit)– Deadline May 11

Please return form & payment to St. Jude Youth Ministry Office
972-727-1177 x2228 bhanafin@stjudeparish.com

(Make checks payable to "St. Jude" with "Mission Trip" in the memo line)

PLEASE PRINT

YOUTH—Last Name _____ First Name _____ Date of Birth _____ Gender: M or F

Home Address _____ City _____ State _____ Zip _____

Youth E-Mail _____ Youth Cell Phone _____

Participant T-Shirt Size (Adult sizes): S M L XL XXL Other _____

PARENT, GUARDIAN, or CONSERVATOR—INITIAL any that apply **** DO NOT INITIAL ALL AREAS, AS ONE MAY CANCEL OUT ANOTHER****

_____ This child takes no medication and will bring no medication with him/her.

_____ This child takes medication(s) and will self-medicate during designated times. The child will bring all such medications necessary, and such medication will be clearly labeled. I understand that the child will be required to turn all medication(s) over to a supervising adult designated to keep medication(s). I further understand that it will be this child's responsibility to present himself/herself at a location designated for returning medication(s) to this child at the frequencies/times listed below. I understand that the adult to whom this child surrenders the medication has no medical training and this adult will not measure dosages. This child will return the medication(s) to the adult after he/she self-medicates. At the conclusion of the event it will be this child's responsibility to pick up remaining medication(s), if any, at the self-medication designated location. Names of medications and exact dosage and frequencies/times are as listed below, as well as on the medications log:

NOTE: Should your child have an Emergency Injection Device (Epi-Pen), Diabetic Condition, Asthmatics with a rescue inhaler, or other special medical condition, it is important to provide a clear description as to the nature of the medical condition and any medication. This is important for situations where the youth becomes unable to self-administer these treatments and to communication with Emergency Response Personnel. If a child, who is normally able to self-administer these medications becomes unable to self-administer or is in distress, youth ministers, volunteers, or other parish personnel will immediately call 911 to summon Emergency Medical Personnel to respond to the medical emergency. **Youth ministers, volunteers, and other parish personnel are NOT trained to administer these types of emergency medications.**

_____ This child takes medication but is unable to self-medicate. *Child's parent/guardian/conservator will provide all medications, for an adult to dispense.*

_____ I grant permission for the following nonprescription medication to be given to this child:

Non-aspirin/pain reliever	Yes _____ No _____	# of tablets per dosage _____
Throat Lozenge	Yes _____ No _____	
Decongestant	Yes _____ No _____	# of tablets per dosage _____
Antacid	Yes _____ No _____	
Antihistamine	Yes _____ No _____	# of tablets per dosage _____
Other _____	Yes _____ No _____	Dosage _____

_____ **No medication of any type**, prescription or nonprescription, may be given to this child, unless emergency treatment is required in a life-threatening case

Specific Medical Information:

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

Immunizations: (date of last tetanus/diphtheria immunization) _____

Other Medications child currently takes: _____

Has child recently been exposed to contagious disease or condition such as mumps, measles, chicken pox, etc.? Y N

If so, date and disease or condition: _____

Any other special medical conditions of this youth that we should be aware of? _____

PLEASE COMPLETE BOTH SIDES OF THE REGISTRATION FORM.



**St. Jude High School Youth
Summer Mission Trip
July 8-13, 2018**



PLEASE PRINT YOUTH participant Last Name _____ First Name _____

TO BE FILLED OUT BY PARENT, GUARDIAN, CONSERVATOR

CONSENT TO PARTICIPATE AND LIABILITY RELEASE

I, _____ the parent/guardian/conservator of _____ (child name) grant permission for my son/daughter to participate in all youth activities and functions.

I understand that as parent/guardian/conservator, I remain legally responsible for any personal actions taken by my son/daughter. I recognize the inherent risk associated with the various youth activities that my son/daughter will be participating in. I agree on behalf of myself, my son/daughter named herein, my heirs, successors, and assigns to indemnify, defend, and hold harmless **St. Jude** and the Roman Catholic Diocese of Dallas, their employees, and/or volunteers from any and all claims (unless due to the Sole or Gross NEGLIGENCE of the Parish) for illness, injury, death, and the cost of medical treatment therewith, arising from or in any way connected with my son/daughter participating and/or attending the various youth programs and activities during this formation year noted above.

In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this release, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all reasonable court costs, reasonable attorneys' fees and expenses incurred by the prevailing party.

AUTHORIZATION OF CONSENT TO TREAT MINOR

I, _____ am the (initial one) ___ parent ___ guardian ___ conservator of _____ (child name), a minor, and as such do hereby authorize **St. Jude**, their youth ministry leaders, employees, contractors, and volunteers as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the laws of the jurisdiction where such diagnosis or treatment may be given, whether such diagnosis or treatment is rendered at the office of said physician, at a hospital, or at any other location. It is understood that this authorization is given in advance of any specific treatment or diagnosis, but is given to provide authority and power of treatment, or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable. This authorization is given pursuant to the provisions of Chapter 32 of the Texas Family Code. This authorization shall remain effective throughout the specific event dates listed above. In consideration of acceptance of this authorization, but without any time limitation and without any future right of revocation, I hereby release, defend and hold harmless the Parish and Roman Catholic Diocese of Dallas (Diocese), their officers, directors, agents, employees, volunteers, youth ministry leaders, and contractors from all claims, liabilities and loss in any way arising out of or in connection with or relating to such treatment and treatment decisions.

Insurance Carrier: _____

Policy Number: _____ **Insurance ID Number:** _____

AUDIO/VISUAL RECORDING AND PHOTOGRAPHY CONSENT

On occasion, video recordings, audio recordings, photographic slides, and photographs are taken of children and youth during church and diocesan sponsored activities. These are utilized in newsletters, websites, event promotion, advertisements and other printed media. As the State of Texas does not prevent audio or video recording or the photographing of children/youth (*with the exception of Senate Bill 1, Section 26.009, which deals specifically with school districts*), it does encourage parental consent. *Additionally, current video recordings and photographs assist law enforcement agencies dealing with the Missing Children's Program.*

I consent to the use of such materials in which my child may appear. I release the staff and volunteers of **St. Jude** and the Roman Catholic Diocese of Dallas from any liability connected with the use of my child's picture or audio/video recording as part of any of the above or similar activities.

Parent Information:

Printed Name of Parent, Guardian, Conservator _____

Signature of Parent/Guardian/Conservator _____ Date Signed _____

Home Phone Number _____ Mobile Phone Number _____

Address (if different than the child's) _____

Parent E-mail _____

PRINT—Name of Secondary Emergency Contact _____ Mobile Phone Number _____

St. Jude PERMISSION & RELEASE FORM
THIS FORM EXPIRES: MAY 31, 2019

(Office Use Only)

Date Recv: _____

Youth FULL Name: _____ DOB: ____/____/____
(first) (middle init.) (last)

M / F Today's Date: ____/____/____ Grade: _____ School Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Please list custodial parent as Parent #1

Parent / Guardian #1: _____ Cell #: (____) _____

Home #: (____) _____ Work #: (____) _____

Parent / Guardian #2: _____ Cell #: (____) _____

Home #: (____) _____ Work #: (____) _____

MEDICAL INFORMATION

Physician's Name: _____ Phone: (____) _____

Insurance Company: _____ Phone: (____) _____

Group / Policy #: _____ Name of Insured: _____

IMPORTANT MEDICAL CONDITIONS ABOUT MY CHILD: (list any drug allergies, injuries, chronic conditions, current medications, etc.. PLEASE BE SPECIFIC in this section:

PERMISSION TO DISPENSE OVER-THE-COUNTER MEDICATIONS AND FIRST AID

I / We _____, the parent(s) / guardian(s) of _____, a minor, **do hereby give him/her permission** to take "over-the-counter" medications as needed for minor aches, pains, and ailments, under the supervision of church personnel.

EXCEPTIONS ~ The following over-the-counter medication(s) should NOT be administered to my child:
(List all that apply) _____

Signature of Parent / Guardian: _____ **Date:** _____

 **PLEASE COMPLETE BOTH SIDES OF THIS FORM!** 

(THIS FORM EXPIRES: MAY 31, 2019)

AUTHORIZATION OF CONSENT TO TREAT MINOR

I / We _____, the parent(s) / guardian(s) of _____, a minor, do hereby authorize St. Jude Catholic Church, youth ministry leaders, servants, employees, officers and adult volunteers, as agents for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of, any physician or surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in the advance of any specific treatment or diagnosis to provide authority and power to consent to treatment or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable.

This authorization is given pursuant to the provisions of Chapter 32 of the Texas Family Code. This authorization shall remain effective for up to one year from the date of completion of this form, unless sooner revoked in writing and delivered to said agents.

Signature of Parent / Guardian: _____ **Date:** _____

RELEASE OF LIABILITY

I / We _____, the parent(s) / guardian(s) of _____, a minor, shall indemnify, hold free and harmless, assume liability for, and defend St. Jude Catholic Church and the Roman Catholic Diocese of Dallas, it's agents, servants, employees, officers, and directors from any and all costs and expenses including but not limited to, medical fees, attorney's fees, discovery costs, court costs, and all other sums associated with any claim or action founded therein, including those arising or alleged to have arisen out of treatment of aforementioned minor. We also release St. Jude Catholic Church, the Roman Catholic Diocese of Dallas, and any agents of the church of any liability incurred due to aforementioned minor's use of real or personal property belonging to St. Jude Catholic Church, its agents, employees, or volunteers.

Signature of Parent / Guardian: _____ **Date:** _____

PERMISSION TO TRAVEL / LIABILITY RELEASE

I / We _____, the parent(s) / guardian(s) of _____, a minor, do hereby give him/her permission to travel with the youth group of St. Jude Catholic Church and to participate in all youth activities and functions. I / We understand that my/our child may be traveling via public or private transportation (example: bus, car, boat, van, airplane). I/We hereby recognize the inherent risk associated with the various youth activities and forms of travel, and agree to save and hold harmless St. Jude Catholic Church, the Roman Catholic Diocese of Dallas, and their employees, volunteers, and agents from any liability or expense that may arise from my child's participation in youth events and any travel related incidents going to and from such event.

Signature of Parent / Guardian: _____ **Date:** _____

 **PLEASE COMPLETE BOTH SIDES OF THIS FORM!** 