

Shrine of the Most Blessed Sacrament – Office of Youth Ministry

3630 Quesada Street NW, Washington, DC 2015

General Permission Slip (to be filled out for each event)

Parent volunteers are needed and welcomed as chaperones and drivers! If you are able to assist in any way please email Casey Armand, Youth Minister, for details at carmand@blessedsacramentdc.org or call 202-449-3985.

Event: _____

Location or Organization: _____
(e.g. Capitol Hill Pregnancy Center)

Emergency Contacts: Please provide name, relation, and number(s) (cells recommended). We should be able to reach these numbers throughout the event if necessary.

1. _____

2. _____

I, _____ grant permission for my child, _____
Parent's name Child's name

to participate in this parish event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from the Shrine of the Most Blessed Sacrament.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor (“participant”). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Shrine of the Most Blessed Sacrament, their officers, directors, employees and agents, and the Archdiocese of Washington, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Washington, its employees and agents and chaperons, or representative associated with the event for reasonable attorney’s fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Signature: _____ **Date:** _____

Parents/guardians of participants are advised that photographs or video of participants may be used in publications, websites, social media pages, or other materials produced from time to time by the Shrine of the Most Blessed Sacrament. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child to be photographed or filmed should notify the parish in writing. Please note that the parish has no control over the use of photographs or film taken by media that may be covering the event in which your child participates.

Signature: _____ **Date:** _____

***** SEE OTHER SIDE FOR MEDICAL INFORMATION & YOUTH CODE OF CONDUCT*****

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

(Of the following statements pertaining to medical matters, sign only those that are applicable.)

1. Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Family doctor: _____

Phone: _____

Family Health Plan Carrier: _____

Policy #: _____

Signature: _____

Date: _____

2. Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Archdiocese of Washington, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature: _____

Date: _____

3a. Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Signature: _____

Date: _____

3b. I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, Benadryl, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____

Date: _____

OR

3c. No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____

Date: _____

4. Specific Medical Information: The parish will take reasonable care to see that the following information will be held in confidence:

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

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Please share any learning disability, mental or emotional health issue, language problem or home situation which may affect your child's ability to participate fully in this event: _____

Signature: _____

Date: _____

Youth Code of Conduct:

Students must adhere to the following rules, or parents will be called to immediately pick up their child:

- 1) Students will be polite, respectful and obedient at all times.
- 2) No drugs, alcohol, cigarettes or weapons of any kind are permitted.
- 3) Appropriate dress is required. Students should wear neat, modest and comfortable clothing. No bare midriffs, backless or strapless tops, tank tops or other tight or revealing attire will be permitted. Students may not wear shirts featuring inappropriate text or graphics.
- 4) Bad language and inappropriate conversations will not be tolerated.

As a participant of an event hosted by the Shrine of the Most Blessed Sacrament, I agree to behave appropriately and participate fully in this event. I also understand and agree that I will notify my parent/legal guardian at the time of any infractions requiring my dismissal from this event and that I will be send home at my own and/or my parent/legal guardian's expense.

Student Signature: _____

Date: _____