ST BRENDAN'S CATHOLIC CHURCH

LEGAL PERMISSION SLIP

Student Details

Name: _____ Date of Birth: ____/____/_____

Address:_____

Gender: Male / Female/Other (Circle Appropriate)

Email Address: _____
Phone Number: ( ) -

Parent/Guardian Information

Name(s): _____
Email: _____ Phone Number: ( ) -

Emergency Contact Details
In the event of an emergency relating to your son/daughter, please provide information of guardians or relations below which we can use to contact in case you are unreachable.

Contact 1: _____
Email: _____
Phone Number: ( ) -

Contact 2: _____
Email: _____
Phone Number: ( ) -

Medical Information:

List all medications the youth will take during any youth ministry trips, retreats, or events. This includes any prescription or non-prescription medications, herbal supplements, and vitamins. **PLEASE ADVISE IF THE YOUTH LEADERS NEED ADMINISTER THE MEDICATION OR IF THE YOUTH WILL ADMINISTER THEIR OWN.**

Medication Name	Dose	Treatment for	Dispensing instructions

_____

_____

Over-the-Counter Medication Permission:

Do you give permission for your child/ youth to be given over-the-counter medication as needed and as directed on the label to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (i.e. Paracetamol, Ibuprofen, Antihistamines etc.) while at a youth ministry event?

☐ **No.** Contact me or get medical help if my child has any minor medical concerns.
Parent signature_____

☐ **Yes.** I give permission for an adult youth leader to give my child over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions.
Parent Signature_____

Medical Information

Are there any medical conditions (i.e. allergies, epilepsy, asthma, diabetes, travel sickness, etc.) of which we should be aware?

_____

_____

Are there any disabilities or special needs we need to know about?

_____

_____

Does the student have any special dietary needs?

_____

_____

Please explain any other pertinent information about the participant (i.e. physical, behavioural, or emotional) that would be important for the adult leaders to know.

_____

_____

_____

I, the parent or guardian, am over the age of twenty-one and guarantee that the above information is correct to the best of my knowledge.

Name _____ Signature _____

Date___/___/__

PARENTAL/GUARDIAN CONSENT

The undersigned does hereby give permission for my child,_____, to attend and participate in on-site church activities for the period of **August 2nd 2024- December 7th 2024.**

LIABILITY RELEASE: In consideration of **St Brendan's Catholic Church** allowing the Participant to participate in children/youth ministry (youth group, youth mass, activities, events, etc.). I, the undersigned, do hereby release, forever discharge, and agree to hold **St Brendan's Catholic Church**, its pastors, employees and volunteers from any and all liability, claims, or demands for accidental personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever, which may be incurred by the undersigned and the Participant while involved in the children/youth activities. I, the parent or legal guardian of this Participant, hereby grant my permission for the Participant to participate fully in children/youth ministry activities. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful, or intentional acts of said Participant, including expenses incurred attendant.

MEDICAL TREATMENT PERMISSION: I authorise an adult, in whose care the minor has been entrusted, to consent to any emergency procedure or treatment (x-ray examination, minor anaesthetic, dental diagnosis, ect). I agree to any hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the Australian Health Practitioner Regulation Agency (AHPRA), from the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth participant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for my child or youth to return home due to medical reasons, disciplinary action, or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by an approved and licensed adult chaperone while attending and participating in activities sponsored by **St Brendan's Catholic Church**. My child/youth and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

I, the parent or guardian, give my child permission to ride with a youth leader or approved driver. I understand that care will be taken to ensure the health, safety, and welfare of my child. I realise and accept that in the event of my child's behaviour adversely affecting the safety of the activity, the organisers reserve the right to return my child home.

Parent/Guardian name _____ Signature _____ Date__/__/__

ST BRENDAN'S CHURCH YOUTH GROUP PHOTO / VIDEO RELEASE FORM

Youth participant name:

_____

(a separate form must be completed for each child)

During regularly scheduled evenings and special events, our youth group often uses photographs and videos of our students for a variety of projects and media. Because we are sensitive to the safety and privacy of your family, at no time will the names of our students accompany their photo or video image without your consent. Below is a release which allows you to indicate your preferences.

Please indicate below whether the youth group has permission to use photographs, images, or video of your child.

Please check one:

☐ I agree that photographs, images and/or video of my child may be used for any publications, parish website or parish social media including those prepared for both an **internal and external audience.**

☐ NO, I do not want my child's photograph, image or video used in any way.

Name _____ Signature _____
Date___/___/__