

St Isaac Jogues  
3 Lord Place  
Marlton, NJ 08053  
856-797-0999

Youth Ministry  
Permission For:

### GENERAL PERMISSION FORM

### MEDICAL PERMISSION FORM

I request that my child, \_\_\_\_\_, be allowed  
To participate in any and all Youth Group Events

I hereby release and indemnify St. Isaac Jogues, its staff, volunteers, chaperones, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

#### Videotaping and Still Photographs

Video and Still Photographs may be taken during this event. This authorization form constitutes permission for my child's participation in the videotape and/or photographs which may be used for future promotional efforts, including St. Isaac Jogues and the Dioceses of Trenton websites.

#### Code of Behavior

You are representing the Youth Ministries in our diocese during this event and we expect you will represent us well. We expect that you will display mature and responsible behavior, which for many years has been the trademark of Catholic youth and Adults of our diocese.

#### Some Expectations:

- All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
- Socializing should always be done in public areas.
- The possession and or consumption of any alcoholic beverage and/or possession /use of any illegal drugs are not permitted.
- Weapons and/or drug paraphernalia are not allowed.
- Parent authorized Medication only. Parents, please list any medications that your teen needs to take.
- Infraction of these rules can mean immediate dismissal with no refund
- Participants will be responsible to the local authorities as well.

I understand and agree to this code of Behavior. I also understand and agree that my Parents or Guardian will be notified at the time of my infraction requiring my dismissal. My parents or Guardian will be responsible for my removal from the premises and any cost involved.

Teen's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

In case of emergency, Contact/ Relationship: Phone: \_\_\_\_\_

Date: \_\_\_\_\_

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

I grant permission for the administration of First Aid to my child,

By the people in charge of the event, and those transporting my child to and from the event as their judgment deems advisable, and to make any necessary referrals to qualified Physicians for the treatment of illness or accidents of a more serious nature. I understand that I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when the delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/ guardian of the participant. In the event that I can not be reached, I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

Participants Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Allergic medication/other? NO \_\_\_\_ YES \_\_\_\_

If yes, Please describe: \_\_\_\_\_

List Medical Condition /Present Medications: \_\_\_\_\_

#### Insurance Information

Insurance Company: \_\_\_\_\_

Policy in the name of: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

HIPPA Release: I herby authorize the release, use, and Disclosure of Protected health Insurance information to Chaperones assigned by St. Isaac Jogues who accompany participants and/or are present at any Youth Group Event. This Authorization will be good for 01/01/08 to 12/31/08

Parent's Signature: \_\_\_\_\_