

- Place of Baptism (Name of Church / Parish, City and State)

- **IMPORTANT**-You **MUST** provide a *COPY* of your candidates Baptismal Certificate if your child was not baptized at Holy Spirit.
 - If you do not have a copy, please call the church where your child was baptized to request a copy. We do not keep Baptismal Certificates on file from First Communion, so you **MUST** submit another copy.
- Other information that you can think would be of value to us?
 - ie. Relevant Details of Divorce Decree etc. (All information will be treated with confidentiality.)

Please check those areas in which you can help:

___ Adult Confirmation Support Team (meets once a month or as needed)

___ Providing snacks

___ Chaperone for Trips or Events ___ Catechists Aid

- Safe Environment trained? Yes ___ No ___
 - (If no, please contact Trenton Ackerman in the office)
- Background check? Yes ___ No ___
 - (If no, please contact Trenton Ackerman in the office)

Preferred Night for Confirmation Course: 8 sessions- September- May

Please check one - Sunday _____ or Wednesday _____

IMPORTANT- We are requesting \$25 for each child to help cover the cost of supplies for our Confirmation course. Please make checks payable to Holy Spirit.

MARK YOUR CALENDARS!

IMPORTANT DATES-ATTENDANCE IS REQUIRED

Confirmation Retreat- August 16-18, 2019

Confirmation Mass- Sunday, August 25, 2019 at the 11:30 Mass

For office use only:

___ Form A

Amount Paid _____

___ Code of Conduct

Cash/Check # _____

___ Safe Environment Training Permission Form

Received by (please initial) _____

ROMAN CATHOLIC DIOCESE OF OWENSBORO, 600 Locust St., Owensboro, KY 42301

Name/Address of Institution (Parish, School, etc.) Sponsoring Activity _____

EMERGENCY MEDICAL RELEASE AND HEALTH INFORMATION FOR MINORS

Minor Participant's Name _____ Male/Female (circle) Birthdate ____/____/____

Address _____ Phone _____

Father's _____ or Legal Guardian's _____ Name _____

Home Phone _____

Home Address _____ Work/Cell Phone _____

Mother's _____ or Legal Guardian's _____ Name _____

Home Phone _____

Home Address _____ Work/Cell Phone _____

In an emergency, please notify (Name/Phone #): _____

Name of Individual In Case Parent/Guardian Cannot Be Reached: _____ Phone: (____) _____

Is anyone designated as the primary or sole custodial parent by court order or decree? NAME _____

Name anyone who is restrained from picking up the child. _____

HEALTH HISTORY:

Child's Physician: _____

Any pre-existing or present medical conditions, disabilities, physical handicaps, or major illnesses: _____

Name of any **prescription medications** and concise directions, including dosage and frequency of dosage: _____

If my child is in pain and if deemed advisable by a supervisory adult, I grant permission for the following non-prescription medication to be given: Acetaminophen _____ Yes _____ No

Ibuprofen _____ Yes _____ No

Any allergies (food, latex, animals, etc?) Yes/No _____ Allergic to any medications? Yes/No _____

If yes, explain: _____

Date of last tetanus shot _____ Contact lenses? Yes/No _____

Any swimming restrictions: _____ Yes _____ No What? _____

Any activity restrictions? _____ Yes _____ No What _____

(OVER)

Revised October 2012

EMERGENCY MEDICAL RELEASE AND HEALTH INFORMATION FOR MINORS (cont'd.)

Consent for Emergency Care

I/We, the undersigned parent(s)/guardian of _____ do hereby request and give permission for the provision of necessary medical treatment for the above-named child. I/we understand that supervisory personnel will immediately seek to reach the above-named child's contact(s) in case of a medical emergency. If any injury/incident does occur during this event that requires transportation to a hospital or doctor, I/we give permission for a representative of the parish/school/etc. to secure necessary medical attention. I/we further authorize any duly qualified physician, dentist, or hospital to render such aid or treatment that may be necessary and understand that I/we assume responsibility for the cost of any such treatment. I/we authorize the release of pertinent medical information to supervisory personnel.

*** Please understand that, depending upon the seriousness of the situation, your child may be transported to the nearest hospital.**

Parent/Guardian Signature: _____ Date: _____

Witness to Signature: _____ Date: _____

Health Insurance Company (that covers above-named child): _____

Insurance Policy #: _____ Group #: _____

PERMISSION FORM & LIABILITY RELEASE

PURPOSE: This Permission Form/Liability Release is intended to cover all diocesan-, deanery-, parish-, and Catholic school-sponsored activities for anyone under the age of eighteen (18). Catholic schools and/or programs have the right to require parent/guardian to give permission for students/participants eighteen (18) years of age or older.

I/We, the parent(s) and/or legal guardian(s) of _____ (child's name), hereby request permission for this child to participate in any and all of the activities of the Roman Catholic Diocese of Owensboro and _____ (name of organization) I/We release from responsibility any person transporting my/our child to or from activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. Taking into account the subject's age, I/we believe that the subject of this release is physically and mentally capable of taking reasonable precautions to protect his/her own safety and has the maturity and judgment not to put himself/herself or others in dangerous situations.

--I hereby consent to the use of a photograph of my child for the purpose of publication. ____ Yes ____ No

Parent/guardian Signature _____ Date _____

Adult witness to Signature _____ Date _____

Received by _____ Date _____

(Signature of DRE, CRE, Teacher/School Personnel, Youth Representative, etc.)

IF THERE ARE ANY CHANGES IN THE INFORMATION ON THIS FORM, IT IS YOUR RESPONSIBILITY TO NOTIFY THE APPROPRIATE LEADER AND GET THE FORM UPDATED. (e.g. insurance policy changes, changes in medical condition or medicines, court orders, etc.)

Revised October 2012

MIDDLE- & HIGH-SCHOOL YOUTH CODE OF CONDUCT FOR PARISH-, SCHOOL-, & DIOCESAN-SPONSORED ACTIVITIES WITH YOUTH

The Offices of Catholic Schools, Faith Formation and Youth Ministry provide opportunities that allow young people from all over the Diocese of Owensboro to be educated, grow in their faith, have a fun time, and form Christian friendships. All that we do stems from our belief in Jesus Christ and the following of his teachings. Therefore, we have certain expectations of the children, youth, and adults who participate. To ensure a safe and enjoyable time for everyone, the following policies are in effect for all parish, school, and diocesan-sponsored activities with youth.

- I will treat everyone with respect, courtesy, dignity, patience, loyalty and integrity. I will behave in a way that respects the rights of all.
- If I am being hurt or if I become aware that anyone is being hurt verbally/physically, I will notify a supervising adult.
- I will be cooperative and do those things that promote a good reputation for my school/parish and me.
- I will treat property with care. If I break something, I will tell my supervising adult.
- I will avoid posing any health risk to others (i.e. fevers or other contagious situations).
- I understand the use of cell phones and other electronic equipment is highly discouraged, unless a supervising adult grants permission.
- I will not possess/use/purchase tobacco, alcohol, illegal drugs, weapons, inappropriate videos, inappropriate reading materials, or other objects.
- I understand in extreme cases of misconduct, my parents/legal guardian and legal authorities will be notified, regardless of the time. In these cases parents/ legal guardians will be financially and/or physically responsible for participant's transportation home from school/event. I understand I am subject to search and seizure policies (available upon request—policy p. 200:9).
- If I become aware of any violation of this Code of Conduct by anyone, it is my responsibility to notify my supervising adult as soon as possible.

YOUTH PARTICIPANT/STUDENT: _____
Print Name

I understand that any action inconsistent with this Code of Conduct may result in appropriate disciplinary action.

X _____
Signature of Participant/Student Date

X _____
Signature of Parent/Guardian Date

The Diocesan Policy states, “at least two supervising adults should be present when there is only one minor, and at least two participants should be present when there is only one supervisory adult.” Please explain this to the child. It is the responsibility of the parent/guardian to see that youth arrive and are picked up at designated times to avoid violation of the above mentioned policy. This also applies to teens who drive themselves.

--For school events if the teacher, staff contact, or an adult supervisor is in attendance, that person should keep this form. If youth are not accompanied by school representative, then forms should be forwarded to appropriate school office PRIOR to event.

Revised August 2010

Parish Name: _____

**Diocese of Owensboro Permission Slip for
Minors' Safe Environment Training**
(must be returned for every registered participant)

Safe Environment training for minors:

- recognizes the God-given dignity of even our youngest Church participants.
- is an annual teaching requirement within Catholic Church youth programs.
- helps children/youth experience a healthy Church setting as they develop their relationship with Christ.
- focuses on **safe personal boundaries, protection from physical/sexual boundary violations, and appropriate trusting relationships with adults.**
- has age-appropriate training materials available for parental review.

Parent/Guardian name _____ **Phone #** _____

Address _____
Street City State Zip

_____ The child/ren listed below may participate in the parish's Safe Environment training.

_____ The child/ren listed below may not participate in the parish's Safe Environment training. (The parish will provide relevant educational information for you and your family.)

Child's Name _____

Grade/age _____

Has this child received any sexual abuse prevention training elsewhere this year? If so, when _____ and where? _____

Child's Name _____

Grade/age _____

Has this child received any sexual abuse prevention training elsewhere this year? If so, when _____ and where? _____

Child's Name _____

Grade/age _____

Has this child received any sexual abuse prevention training elsewhere this year? If so, when _____ and where? _____

Parent/Guardian Signature _____

Received by _____ **Date** _____
Pastor/DRE/Church Representative **Date** _____