



- Was your child Baptized at Holy Spirit Parish in Bowling Green, KY? Yes \_\_\_\_\_ No \_\_\_\_\_
  - **IF NO, IMPORTANT**-You **MUST** provide a *COPY* of your child's Baptismal Certificate if they were 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 Youth Ministry Support Team (meets once a month or as needed)  
 Middle School Youth Group Chaperone Parent Rotation (*NEW*)  
 Catechists Aid (attend monthly Confirmation Classes to assist main catechist)  
 Chaperone for Trips/Events/Retreats (off campus)       Catechists Aid
- Safe Environment trained? Yes \_\_\_ No \_\_\_
    - (If no, please contact Dave Kaminski in the office)
  - Background check? Yes \_\_\_ No \_\_\_
    - (If no, please contact Dave Kaminski in the office)

**Preferred Night for Confirmation Course: 8 sessions- September- April**

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 for 2<sup>nd</sup> year candidates**

**Confirmation Retreat- August 14-16, 2020**

**Confirmation Mass- Sunday, August 30, 2020 at the 11:30 Mass**

For office use only:

<input type="checkbox"/> Form A	Amount Paid _____
<input type="checkbox"/> Code of Conduct	Cash/Check # _____
<input type="checkbox"/> Safe Environment Training Permission Form	Received by (please initial) _____

Name/Address of Diocesan Institution Sponsoring Program/Activity \_\_\_\_\_

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

**EMERGENCY MEDICAL RELEASE AND HEALTH INFORMATION FOR YOUTH**

(Parent /legal guardian completes form and is responsible for the information being current. Original form is kept on file at parish/school; a copy must be readily available for all overnight or off-site events.)

Youth Participant's Name \_\_\_\_\_ Prefers to be called: \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ School & Grade: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Father's \_\_\_ OR Legal Guardian's \_\_\_ Name \_\_\_\_\_

Home Address (street, city, zip) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**Preferred Means of Communication:** Phone Call \_\_\_ Text \_\_\_ Email \_\_\_

Mother's \_\_\_ OR Legal Guardian's \_\_\_ Name \_\_\_\_\_

Home Address (street, city, zip) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**Preferred Means of Communication:** \_\_\_ Phone Call \_\_\_ Text \_\_\_ Email

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

If above individual cannot be reached, please notify (Name/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 **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, please list and describe: \_\_\_\_\_

Does child carry EpiPen? Yes \_\_\_ No \_\_\_ If yes, where is it located? \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ Contact lenses? Yes \_\_\_ No \_\_\_

Any swimming restrictions: Yes \_\_\_ No \_\_\_ What? \_\_\_\_\_

Any activity restrictions? Yes \_\_\_ No \_\_\_ What? \_\_\_\_\_

(OVER)

**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 (Age 21 or older): \_\_\_\_\_ Date: \_\_\_\_\_

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

Insurance Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Date of Birth of Policy Holder: \_\_\_\_\_

Policy Holder's Place of Work: \_\_\_\_\_

**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.

Parent/guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Adult witness to Signature \_\_\_\_\_ Date \_\_\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_

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

**NOTE TO PARENT/GUARDIAN: You are responsible for the accuracy of all information on this form. Please notify the appropriate leader of any changes (e.g. insurance policy changes, changes in medical condition or medicines, court orders, etc.).**

## 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 all Church participants, including the young.
- is an annual teaching requirement within Catholic schools and 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/school will still provide relevant educational information for you and your family because of the importance of this topic.)

**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** \_\_\_\_\_  
Date \_\_\_\_\_

**Received by** \_\_\_\_\_ on \_\_\_\_\_  
Church Representative Date