

Parish Name Cathedral of St. Jude
Parish Address 5815 5th Ave N, St. Petersburg FL, 33710
Parish Phone Number 727-347-9702

**ANNUAL PARENTAL PERMISSION/RELEASE
for Communication, Photos, and Medical**

Method of Communication Release:

During the year your teenager is a member of the parish youth ministry, we do try to keep them up-to-date with dates for meetings and/or changes in our calendar of events. With the implementation of the Safe Environment policies within the Diocese of St. Petersburg, we are now seeking your permission for these items.

___ **Yes**, I give _____ (my youth/participant) permission to communicate with the Parish Coordinator of Youth Ministry and/or youth ministry team leaders through the use of his/her:

(please check all that apply)

- Email address _____
- Facebook _____
- Instagram _____
- Home phone _____
- Cell phone _____
- Text message _____
- Postal mail _____

I also give permission for the Parish Coordinator of Youth Ministry and/or youth ministry team leaders to use this contact information to communicate with him/her. We understand that any addresses received through the parish youth ministry will *only* be used for the parish youth ministry purposes

___ **No**, I *do not* give _____ (my youth/participant) permission to communicate with the Parish Coordinator of Youth Ministry and/or youth ministry team leaders through the use of his/her (please check all that apply)

- Email address
- Facebook
- Instagram
- Text message
- Home phone
- Cell phone
- Postal mail

___ I, as parent/guardian, would also like to receive an email update of all dates for meetings and/or changes in the calendar of events. My email address is: _____.

Publicity/Photo/Video Release:

From time to time, publicity releases for newspapers, television, website, and other media may be prepared about events occurring at the parish. These may or may not be accompanied by photos or videotape of students. The releases may be prepared by _____ Parish or media representative.

___ **Yes**, I do give permission for my student(s) name and likeness to be included in such publicity releases/photos/videos.

___ **No**, I *do not* give permission for my student(s) name and likeness to be included in such publicity releases/photos/videos.

(over)
Revised 8/21/09

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IN CASE OF AN ACCIDENT OR SERIOUS ILLNESS, THE ABOVE PARISH WILL CONTACT THE PARENT/GUARDIAN LISTED BELOW. IF THE PARISH IS UNABLE TO REACH THEM, OR ANY OTHER PERSON DESIGNATED, THEN I HEREBY AUTHORIZE THE CHURCH AND ITS REPRESENTATIVES TO CONTACT MY CHILD'S PHYSICIAN AND/OR MAKE ARRANGEMENTS FOR IMMEDIATE EMERGENCY TREATMENT. PAYMENT OR FEES FOR ALL MEDICAL SERVICES WILL BE THE RESPONSIBILITY OF THE PARENT/GUARDIAN. **THIS MEDICAL RELEASE IS VALID FROM AUGUST 1, 2021 UNTIL JULY 31, 2022 AND FOR ALL EVENTS THROUGHOUT THE YEAR.** I UNDERSTAND THAT IT IS THE PARENT'S RESPONSIBILITY TO UPDATE THIS FORM AS NECESSARY THROUGHOUT THE YEAR.

Youth/Participant's Name: _____
Parent or Legal Guardian's Name _____ Phone(s) _____
Emergency contact information: _____
Family Physician's Name: _____ Phone: _____
Insurance Co. Name _____ Medical Insurance: ID number _____
Group Number _____ Cardholder's Name _____

Health Information

List all medications taken daily and/or regularly: _____

Youth/participant's allergies, if any, including medication and food allergies: _____

Youth/participant's chronic medical problems (e.g. diabetes, epilepsy): _____

Youth/participant's other physical restrictions or dietary requirements (if any): _____

Date of Tetanus: _____ Other medical: _____

Other medical treatment: In the event it comes to the attention of the Church representatives, volunteers or employees that my child has become ill with symptoms such as headaches, vomiting, sore throat, fever, diarrhea, I want to be called collect.

My child may be given: Tylenol (circle: yes / no); Ibuprofen (circle: yes / no); Throat lozenges (circle: yes / no); Benadryl (circle: yes / no).

Signature of Parent/Guardian Date

STATE OF FLORIDA, COUNTY OF _____

Sworn to and subscribed before me this ____ day of _____, 20__ who [] is personally known to me, or [] who produced the following as identification _____.

(SEAL)

Signature of Notary Public

Typed or printed name
Commission No. _____