

**Living In Faith Everyday in Every Way**  
**(LIFE 12)**  
**Consent and Health Form**

(Your signature at the end indicates your consent and acceptance of the provisions included in this document)

Shirt Size:    Small                  Medium                  Large                  XL                  XXL

(Please circle shirt size)

Preferred type of Work:                  Working w/Kids                  Other

(Please circle preferred types – We will try to honor this request but make no guarantees)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parish \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Work Phone: Father (\_\_\_\_) \_\_\_\_\_ Mother (\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Email Address \_\_\_\_\_

**PARTICIPATION CONSENT: I, (Name of Parent or Guardian) \_\_\_\_\_**  
**grant permission for my son/daughter to participate in the LIFE 12 program.**

**LIABILITY WAIVER: I will not hold Sacred Heart Parish, the program facility, or St. Matthew's**  
**responsible in the event of any injury or accident to my son or daughter while participating in the LIFE**  
**12 program and/or traveling to and from program activities.**

**USE OF PHOTOS: I give Sacred Heart Youth Ministry permission to use photos or videos of my child**  
**taken during program activities for future program promotion purposes.**

**STATEMENT OF HEALTH: I hereby warrant that, to the best of my knowledge, my child is in good health**  
**and able to participate in all program activities. (Please submit a statement indicating limitations**  
**and/or conditions of which we should be aware.)**

**INSURANCE INFORMATION**

Family Health Insurance Co.: \_\_\_\_\_ Policy No. \_\_\_\_\_

**MOST RECENT PHYSICAL EXAMINATION (Provide information on your child's most recent examination)**

Date of Examination: \_\_\_\_\_

Physician or Clinic: \_\_\_\_\_ Phone \_\_\_\_\_

Physician/Clinic Address \_\_\_\_\_

**IMMUNIZATIONS:** (Please provide date of latest tetanus immunization) \_\_\_\_\_

**MEDICATIONS:** Any medications brought to the program should be clearly labeled and in their original container. Please list any prescription or approved non-prescription drugs your child is presently taking. Include product name and physician's instructions on dosage and frequency.

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I understand that all prescription medication will remain in the possession of the adult team leader and be dispensed as prescribed. I grant permission for non-prescription medication (such as ibuprofen, acetaminophen, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

If there are any non-prescription drugs you do not want administered to your child please list them above.

**ALLERGIES** (Please attach a statement noting all known allergies, including how the child has been treated and with what medication. If medications are needed occasionally or regularly, please send them with your child in case of need.)

**OPERATIONS OR SERIOUS INJURIES** (Within the past 18 months)

Operation/Injury \_\_\_\_\_ Date \_\_\_\_\_

**COMMUNICABLE DISEASES:** Please notify Bill Nettekoven if your child has been exposed to any communicable disease (mumps, measles, chicken pox, etc.) within three weeks prior to attending the LIFE 12 program.

**MEDICAL EMERGENCY**

In case of medical emergency, I understand that every effort will be made to contact the parents or guardians of participants. In the event that I cannot be reached, I hereby give permission to the physician selected by the LIFE 12 team leader to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named herein.

**SIGNATURE OF PARENT OR GUARDIAN**

I certify that the above information is correct and give permission for my child to be transported in rented vehicles and/or via public transportation for approved LIFE 12 program activities; and for the release of medical records to an attending physician in case of illness.

I fully understand the consequences of the foregoing statements and sign this form knowingly, freely, and willingly. *(Your signature must appear below or your child will not be permitted to participate in the LIFE 12 program.)*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN TO: Bill Nettekoven along with a photocopy of both sides of your insurance card.**