



St. Joseph's Parish Youth Ministry - Med Form/Consent/Releases

July 3 - 10, 2024

Young Adult Service Trip to Juneau, AK

National Shrine of St. Thérèse, Juneau

21425 Glacier Hwy, Juneau, AK 99801

Travel by land, sea and air

Cost of Activity: **\$1000**

Director of Youth Ministry: **Bob Ferretti, 908-864-0064, bobf@sjmillstone.com**

 (This portion is to be completed by a parent or legal guardian if under 21 years of age)

Participant Information			
Name:		Email:	
Address:		Phone:	
Parent/Guardian Information:			
Name		Mobile Phone:	
		Email Address:	
Name		Mobile Phone:	
		Email Address:	
In Case of Emergency: Please provide someone other than the parent/guardians listed above.			
Name:		Phone:	
Relationship:			

Please complete the following question if you have specific needs – this information will help us meet your needs and will not categorize you in any way.

Check any that might apply:	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Food Allergy:	<input type="checkbox"/> Epi-pen*
Medical Condition:	<input type="checkbox"/> Medication:		

* Please note: if your child is under 18 and must carry an Epi-pen, permission slips must be signed by the parent and medical provider.

For additional information contact: Bob Ferretti, Parish Youth Ministry Coordinator, 908-864-0064, bobf@sjmillstone.com

Participant Name (Print): _____ Date: _____

Participant Signature: _____

Parent/Legal Guardian Name (Print): _____ Date: _____

Signature of Parent/Legal Guardian: _____

(Please have parent/legal guardian sign if under 21 years old)

MEDICAL RELEASE OF ALL CLAIMS

St. Joseph Church

Contact Leader: Robert Ferretti

Participant Name: _____

Male ___ Female ___ Age: _____ DOB: _____

Parent's/Guardian's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alt Phone: _____

Emergency Contact: _____

Phone: _____

Physician Name: _____

Phone: _____

HEALTH STATUS: (Confidential, please list any health problems you may have such as: asthma, allergies, back trouble, diabetes, seizures) *[Use additional sheet to list status/meds if necessary]*

MEDICATION: Please list all medications (including over-the-counter and prescription) taken routinely. Bring enough medication to last the entire time at camp. Keep medications in the original bottle that identifies the physician, the name of the drug, the dosage, and the frequency of administration. Keep all over-the-counter medications in original packaging. Please list all medication that the participant is taking: *[Use additional sheet to list status/meds if necessary]*

Medication #1

_____ Dosage _____ Reason _____

Medication #2

_____ Dosage _____ Reason _____

Medication #3

_____ Dosage _____ Reason _____

Date of your last Tetanus Booster: _____

Health Insurance Provider: _____

Policy Number: _____

Group Number: _____

Name of Insured: _____

Relationship to Participant: _____

(Attach a copy of your insurance card - front and back)

Participant Name: _____

Participant Signature: _____

Custodial Parent Name: _____

Custodial Parent Signature: _____

(if under 21 years of age)

In consideration for being accepted by St. Joseph Church's youth and young adult ministry, I (we) being 21 years of age or older, do for myself (ourselves) and for and on behalf of my (our) child-participant (if said child is not 21 years of age or older) do hereby release, forever discharge and agree to forever hold harmless St. Joseph Church and its priests, staff, members, directors, officers, employees and agents thereof, from any and all liability, claims, demands for personal injury, sickness, death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned or the child participant resulting from said child's participation in the above-described workcamp, (including travel between the child's home and the camp, free day activities, excursions from the camp and anytime spent at the camp). Furthermore, I (we) (and on behalf of our child-participant if under the age of 21 years) hereby assume all risk of said personal injury, sickness, death, damage and expenses as a result of participation as above set forth. Further, authorization and permission are hereby given to said organization to furnish any necessary transportation, food, lodging for and to assign work projects to this participant. The undersigned further agree to hold harmless and indemnify St. Joseph Church and associated social agencies and daycare centers and their directors, officers, employees and agents, for any loss, claim, liability, damage, including property damage or injury whatsoever incurred by child-participant as a result of the negligent, willful or intentional acts of said participant, including reasonable attorney's fees and other expenses incurred attendant thereto. If the participant has not attained the age of 21 years: I (we) am (are) the parent(s) or legal guardian(s) of this participant, and hereby grant my (our) permission for him (her) to participate fully in said workcamp, and hereby give my (our) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including, but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills. I give permission for my child to be transported in privately owned vehicles or in public transportation and for the release of medical records to an attending physician in case of illness. Further, should it be necessary for the participant to return home due to disciplinary action, for medical reasons or otherwise, I (we) hereby assume and indemnify St. Joseph Church. for all transportation costs. I (we) am aware of no physical, mental or emotional problems, which would limit participation in or work performance during the workcamps. I (we) am (are) fully aware of the nature of the work to be undertaken during the St. Joseph Church Young Adult Workcamp. The St. Joseph Church will employ reputable staff members and take reasonable precautions to safeguard the workcamp participants during the week of workcamp. However, neither the St. Joseph Church. associated social agencies nor the school acting as "home base" will be liable for loss or damage to property of participants prior to, during or following the workcamp due to theft, fire, accident or any other cause beyond its control.

CODE OF BEHAVIOR (Must be signed by all participants)

As a participant, I will:

- Represent the Catholic Christian community through my language, dress, and behavior.
- Respect the rights and property of others.
- Respect the event staff and adult leaders, even if these leaders are not from my parish.
- Participate in all planned activities, group sessions, and work projects.
- Respect the privacy of my fellow campers and not go into any other sleeping quarters, (guys or girls) which are not assigned to me.
- Adhere to the stated curfew (11:00 prepare for bed and 11:30 lights out).
- Be responsible for assisting our parish group with food preparation and helping to keep all areas clean.
- Not possess, transport or use any alcohol, marijuana, non-prescription drugs, electronic cigarettes, fireworks, weapons or knives.
- Not leave the grounds without a leader's supervision.
- Live by the Virtus Protecting God's Children policy on Sexual Harassment / Misconduct
- Refrain from inappropriate touching and verbal harassment.
- Not engage in any form of sexual activities or sexual harassment.
- Not take part in any form of bullying which includes (one or more persons seeking to have power over another person through the use of verbal, physical or emotional harassment, intimidation, or isolation).

If any of the above are violated; St. Joseph Church Youth Ministry has the right to send a camper home at their expense. I have read, understand and agree to follow the Code of Behavior outlined above. I will also encourage other group members to live by these rules. We need young adult leaders and adult chaperones cooperation to assist St. Joseph's in making this service week successful. We need your support to help us enforce camp guidelines.

Participant's Signature _____ Date _____

(For those participants under 18 years of age) I expect my child to abide by this code of behavior, Parent or legal guardian's signature _____

St. Joseph's Parish Youth Ministry – Consent Form

CONSENT For Child: I/we consent to my child, _____ (“my child”), participating in the above-described activities/program. I/we specifically waive and release any and all claims of any nature which I/we may have now or in the future against the above-named parish and/or school, the Diocese of Metuchen, their representatives, employees, agents, and assigns (including, but not limited to, staff and adult supervisors) arising out of, related to, or connected in any way with the above-described activity including, but not limited to, claims that may be derived from any accident or injury sustained by my child or damages or loss to property in route to, during, and/or returning from the activity.

CONSENT For Self: I, _____ participating in the above-described activities/program. I specifically waive and release any and all claims of any nature which I may have now or in the future against the above-named parish and/or school, the Diocese of Metuchen, their representatives, employees, agents, and assigns (including, but not limited to, staff and adult supervisors) arising out of, related to, or connected in any way with the above-described activity including, but not limited to, claims that may be derived from any accident or injury sustained by me or damages or loss to property in route to, during, and/or returning from the activity.

AUTHORIZATION FOR MEDICAL TREATMENT Should emergency medical treatment be necessary and I/we cannot be reached immediately, I/we authorize the delegated agents of the above-named parish to consent to medical or surgical treatment of an emergent or non-emergent nature, including in-patient or out-patient hospitalization, to be rendered to me or my child under the general or special supervision and advice of a physician, surgeon or dentist. Such consent may include, but it not limited to, medical or surgical diagnosis or treatment, diagnostic tests, blood tests, x-rays, transfusions, intravenous treatments, administration of medication or anesthetics, and any related procedures that may be deemed advisable or necessary. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to the delegated agents of the above-named parish to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician, surgeon or dentist, in the exercise of his/her best judgment, may deem advisable. I/we understand that I/we assume all financial responsibility for the delivery of such care at the time that such care is provided by the agency, hospital, or facility. I/we further understand that Diocesan and/or parish representatives are NOT permitted to dispense medication—unless parents previously discussed a child’s need for a specific medication also noted on this form. In the event that my child requires medication during the above-described activity, I/we understand that my child must be trained to self-administer medication or have a parent in attendance to administer medication.

PHOTO RELEASE: I/we hereby grant to the Diocese of Metuchen and its parishes, schools and assigns, the irrevocable and unrestricted right to use, reproduce and publish photograph(s) or video(s) of me or my child, including their image and likeness for diocesan, parish or school publications, advertising, or website(s), or any other purpose and in any manner and medium; to alter the same without restriction; and to copyright the same. I/we hereby release The Diocese of Metuchen and its trustees, officers, employees, agents, legal representatives, and assigns from any and all claims, actions, and liability of whatever nature and relating to the use of said photograph(s) and/or video(s).

DISCIPLINE / TRANSPORTATION OR DAMAGE COSTS: I/we agree that I/we have read and fully understand the Office of Youth & Adult Ministry’s Policies and Rules of Conduct (visit www.diometuchen.org/yyam) and I/we agree to adhere to them. I/we agree to respect the rights and property of others and further understand that vandalism, stealing, or insubordination will not be tolerated. I/we assume all responsibility for any and all financial obligations that result from any such behavior or the violation of the Policies and Rules of Conduct. Should it be necessary for my child to return home due to medical reasons, disciplinary actions or otherwise, I/we assume all responsibility and transportation costs.

Participant Name (Print): _____ Date: _____

Participant Signature: _____

Parent/Legal Guardian Name (Print): _____ Date: _____

Signature of Parent/Legal Guardian: _____

(Please have parent/legal guardian sign if under 21 years old)