

Parish Name Christ the King
Parish Address 821 S. Dale Mabry Hwy., Tampa, Florida, 33617
Parish Phone Number 813-876-5841

**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 _____
- ☐ Instant Messaging _____
- ☐ Home phone _____
- ☐ Cell phone _____
- ☐ Text message _____
- ☐ Postal mail _____
- ☐ All of the above

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
- ☐ Instant Messaging
- ☐ 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, bulletin 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 Christ the King 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)

Parish Name Christ the King
Parish Address 821 S Dale Mabry Hwy Tampa FL 33609
Parish Phone Number 813-876-5841

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 JUNE 1, 2023 UNTIL JUNE 1, 2024** 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. _____