

**St. Leo's Parish Community  
Combined Permission and Health Form**

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

**Contact Information**

Parents/Guardians Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

email address: \_\_\_\_\_

Phone Numbers of Parent/Guardian:

Home: \_\_\_\_\_ Mobile #1: \_\_\_\_\_ (\_\_\_\_\_)  
 Work #1: \_\_\_\_\_ (\_\_\_\_\_) Mobile#2: \_\_\_\_\_ (\_\_\_\_\_)  
 Work #2: \_\_\_\_\_ (\_\_\_\_\_) name

If Parents are not available, contact the friend/relative named below:

Name: \_\_\_\_\_  
 Phone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**Permission to Pick up your Child**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 \_\_\_\_\_

**Signature of Parent or Guardian**

**PARENTAL/GUARDIAN CONSENT:** I, the undersigned parent/guardian of (your child's name) \_\_\_\_\_, a minor, hereby release and agree to hold harmless St. Leo's Parish Community or any of its facilitators, chaperones, or persons connected with the parish from any liability, claims or damages for personal injury or property loss/damage which may occur during a religious education program, youth group gatherings, or on a youth trip.

**TRANSPORTATION:** I also give my permission for St. Leo's parish volunteers to provide transportation to and from youth events when my child is a participant. I understand I will be notified before the event or trip. \_\_\_\_\_ (initial if agreed)

**USE OF PHOTOS:** I give St. Leo's Parish Community permission to use photos or videos of my child taken during program activities for St. Leo's promotional purposes on the web page and in the media. \_\_\_\_\_ (initial if agreed)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
 (valid for one year - through September 1<sup>st</sup> of the following year)

**Allergies / medical conditions**

ALLERGIES: Please list all known allergies, including how the child has been treated and with what medication.

---

---

---

MEDICAL CONDITIONS: 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 list all known medical conditions including limitations and/or conditions of which we should be aware of.

---

---

---

**AUTHORIZATION FOR MEDICAL TREATMENT:** I hereby authorize the treatment, administration of anesthesia, and surgical treatment for my minor daughter/son (child's name) \_\_\_\_\_ in the event of a medical situation occurring during my absence or when the hospital or physician(s) and nursing personnel within the physician's staff where treatment is rendered in the physician's office. I release from medical responsibility and liability, the hospital, physician(s) and nursing personnel for performing medical procedures acting on the authority of this medical treatment consent form which such medical providers deem necessary for my minor child.

**Physician/ Insurance Information**

Physician: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

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

Health Ins. Address \_\_\_\_\_  
Health Ins. Phone No. \_\_\_\_\_

**Additional information:**

---

---

---

---

# Code of Conduct

**Print Name Clearly** \_\_\_\_\_

1. I agree to respect the rights and property of others. I understand that neither vandalism nor stealing will be tolerated. Financial obligations that result from such behavior will be the sole responsibility of myself and my family.
2. I agree to respect adult leaders and other participants.
3. I agree to demonstrate Christian values by my language and behavior.
4. I understand that the following behaviors are samples of appropriate conduct.
  - One armed side hugs
  - Handshakes
  - High fives and hand slapping
  - Verbal praise
  - Arms around shoulders
  - Hold hands during prayer
5. I understand that the following behaviors are samples of inappropriate conduct. Please note that this list is not exhaustive.
  - Kissing
  - Inappropriate touching
  - Verbal sarcasm
  - Massages of any kind
  - Any form of unwanted affection
  - Compliments that relate to a youth's body.
6. I agree not to possess any drugs, tobacco, alcohol, fireworks, matches, cigarette lighters, knives, or items that are illegal or would endanger people, pets, wildlife, or property.
7. I agree to dress appropriately. I understand that this prohibits short shorts, tank tops, shirts that show midriffs, any clothing that has any reference to tobacco or alcohol products including insignia or advertisements.
8. I will act as a lady or gentleman and refrain from any sexual misconduct.
9. I will not leave the premises, unless my adult leader grants permission.
10. I will not bring cell phones, personal electronic game devices, personal music devices such as iPods or mp3 players, to an event, unless otherwise noted.
11. Food & drinks are only to be consumed in designated areas.
12. I will be open to building new relationships with my peers and adult leaders.

Signature required on back:

I understand the need to agree to the above items. I realize and agree that if I do not abide by these rules, I may lose the privilege of attending a scheduled activity, or may be sent home at the discretion of the adult leader.

*I will be responsible for all consequences of my behavior.*

## Parent / Child Agreement

By signing here, I am stating I have read and agreed with the policies as stated in the handbook. As well as what is written in the Code of Conduct. I believe it is my duty to follow these guidelines to help maintain a healthy, spiritual and Christian environment.

\_\_\_\_\_ Signature \_\_\_\_\_ date  
(child)

As a **parent/guardian** of this child, I agree that my child is expected to abide by all rules & regulations as outlined in the handbook and the Code of Conduct. I agree that if my child fails to abide by these or engages in any infraction that is deemed by the DRE or leaders to be inappropriate, he/she will be dismissed and I will need to pick them up immediately.

\_\_\_\_\_ Signature \_\_\_\_\_ date  
(parent/guardian)

Any other important information:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---