

## St. Anthony and St. Paul Catholic Churches



**St. Anthony's**

**700 W Maumee St, Angola, IN 46703**

**(260) 665-2259**

**St. Paul's**

**8780 E 700 N, Fremont, IN 46737**

**(260) 665-2259**

### 2023-2024 Annual Medical, Photo, and Electronic Communication Form

**Note:** Parents must complete, sign and submit this form once per year prior to the commencement of each ministry year (beginning in the summer) for each child participating. **Parents are responsible for updating the information on this form should changes occur during the ministry year.**

#### **Part I. Information**

Child: Name: \_\_\_\_\_ Parish: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian 1: Name: \_\_\_\_\_ Email \_\_\_\_\_

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

Parent/Guardian 2 (Optional): Name: \_\_\_\_\_ Email \_\_\_\_\_

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

#### **Part II. Consent to Emergency Medical Care**

In the event of an emergency, I request that the parish make reasonable attempts to contact \_\_\_\_\_ first, then \_\_\_\_\_ if they are not available (parent, guardian, or other adult).

Emergency Contact Info (if necessary): Name: \_\_\_\_\_

Email \_\_\_\_\_ Phone Number: \_\_\_\_\_

**I understand that in an emergency, exigent circumstances may prevent the parish from contacting me immediately, or the parish may be unable to reach me. I therefore consent to the parish taking action which it deems necessary to secure emergency medical care/treatment for my child even if I have not been contacted.**

I understand that decisions concerning the type of emergency medical care or treatment administered are normally made by health care providers and not by the parish and that exigent circumstances may require the administration of emergency medical care or treatment without my prior consent. However, I have indicated below any treatment preferences I have for my child which the parish may disclose to a health care provider. (Parents/guardians may check and complete any of the following):

\_\_\_ Dr. \_\_\_\_\_ is my preferred physician and Dr. \_\_\_\_\_ is my preferred dentist.

\_\_\_ \_\_\_\_\_ is my preferred hospital.

\_\_\_ Receipt of my consent prior to my child receiving major surgery unless the medical options of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

\_\_\_ Other: \_\_\_\_\_

The parish may also disclose the following checked information to a health care provider:

\_\_\_ Insurance Information: Insurance Company Name: \_\_\_\_\_

Policy/Group/Claim No.: \_\_\_\_\_

\_\_\_ The following information regarding allergies my child has, medication my child is taking,  
and other medical facts about my child: \_\_\_\_\_

I understand that in the event of an emergency, the parish will make reasonable efforts to notify a health care provider of the above-checked information, but I acknowledge that I am responsible for communicating such information to the appropriate medical personnel.

**Part III. Photo Permission:** (Please check one of the following)

\_\_\_ I grant permission for our parish and the Diocese of Fort Wayne-South Bend to use my child's image in any photograph, internet site, or visual media for promoting parish or diocesan religious education or for any other lawful purpose according to parish and diocesan regulations.

\_\_\_ I DO NOT grant permission for our parish and the Diocese of Fort Wayne-South Bend to use my child's image.

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Name Printed \_\_\_\_\_ Date \_\_\_\_\_

**Part IV. Electronic Communications Permission (for youth 9th grade and above):**

During the 2023-2024 St. Anthony/St. Paul Ministry Year (beginning in the summer), the church employees and registered volunteers may use electronic communication and technology to communicate with your minor child regarding various educational or programming events. In accordance with Diocesan Policy, communication must:

1. Be for the purpose of ministry only and not for socialization,
2. Not be sent to a minor alone (specific messages must include parents), and potential individual phone calls will only be infrequent and ministry related,
3. Not be sent to minors under 9th grade. Instead their parent(s) will be contacted,
4. When sent to groups of minors, copy parents if they request this (**check \_\_\_ to request this**),
5. Messages will only come from parish staff or registered and trained volunteers. Volunteers will only communicate with youth if it directly relates to their ministry (i.e. if an adult is a small group leader for a specific group).
6. And these things may be altered by prudent discretion in a case of an emergency (i.e. one needs to text or call a minor quickly and does not have a parent's phone number).

Electronic communications may include (put an **X** to opt-out if you want):

\_\_\_ Flocknote emails

\_\_\_ Flocknote texts

\_\_\_ Social Media posts (not private messages)

\_\_\_ Texts (with parent included as above)

\_\_\_ Emails (with parent included as above)

\_\_\_ Phone calls

I grant my child, \_\_\_\_\_ permission to participate in the forms of electronic communication listed above in relation to the various programming events of St. Anthony/St. Paul Youth Ministry.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_