

ST PIUS X  LIFE TEEN +  EDGE
Medical Release Form & Communication Waiver

We ask that everyone fill this out completely so we may use this information for all events your child attends during the 2018-19 academic year. You only need to fill it out once each school year unless your information changes. If any of the following information changes, please fill out a new form. Please return this form to the Parish office as soon as possible. Thank you.

Teen Name: _____ Teen Cell: _____ - _____ - _____ Texts: Y N Teen Email: _____
 Address: _____ Age: _____ Birth date: ____/____/____ **Grade** _____
 City: _____ Zip: _____ **For High Students ONLY: School** _____ **Graduation Year** _____
 Mother/Guardian Name: _____ Cell #: Mother/Guardian _____ - _____ - _____ Email(s): _____
 Father/Guardian Name: _____ Cell #: Father/Guardian _____ - _____ - _____ Email(s): _____
 Home #: _____

PARENTAL CONSENT (signature required)

- I. The undersigned does hereby give permission for our (my) child to attend and participate in activities sponsored by the St. Pius X LIFE TEEN -YOUTH MINISTRY Programs.
- II. We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any licensed physician or dentist. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered.
- III. I hereby grant permission for non-prescription medication to be given, if deemed appropriate.
- IV. Should it be necessary for our (my) child to return home due to medical reasons, behavioral reasons, or otherwise the undersigned shall assume all transportation costs.
- V. The undersigned does also give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the St. Pius X LIFE TEEN- YOUTH MINISTRY Programs.

Please provide the following information:

Father's signature	Date	Medical/Hospital Insurance Carrier _____
Mother signature	Date	Name of Policy Holder _____
Legal Guardian signature (if not parent)	Date	Policy Number _____
		Emergency Contact Name _____
		Emergency Contact # _____

Medications: _____ Date of last tetanus/diphtheria immunization: _____
 Allergies: _____

I give permission for my teen to be photographed during activities associated with St. Pius X Youth Ministry. I understand that said photos/videos maybe used for future Youth Ministry publications within the St. Pius X Community and social media.

Signature (Parent/Guardian) _____
Date

TEEN CONTRACT – TEEN SIGNATURE REQUIRED

I understand that by requesting to go on SPX Youth Ministry events and activities, I am promising to cooperate with the youth ministers, church staff, the priests, CORE members, and other youth throughout the trip. I promise to follow all instructions and rules. I understand that smoking on any trip is not allowed. I agree that I will not bring or use any illegal drugs or alcohol. In the event that I fail to obey the guidelines set forth, I understand that I will be sent home at my family's expense.

Teen Signature _____
Date

IMPORTANT! Please list any physical limitations, dietary needs, and specific medical conditions your teen may have:

THE DIOCESE OF BRIDGEPORT: Permission Form for Direct Electronic Communication with Minors

NAME OF PARISH/ORGANIZATION: **ST. PIUS X (TOWN) FAIRFIELD, CT**

In the Diocese of Bridgeport, parents and/or legal guardians will be copied into all electronic communications except those that occur on an official social networking site or online community administered and maintained by the Diocese, Parish, or School pursuant to the terms of diocesan policy and any additional forms of communication as approved by parents or guardians on this form. This form allows a parent or legal guardian to specifically authorize adult emergency contacts and other adults within their parish or organization to communicate through electronic means directly with a minor child. These communications may be conducted through personally owned cellular phones or personally owned computers that are not purchased, operated or monitored by the Parish or by the Diocese of Bridgeport.

Pastor or his designee completes this section:

St. Pius X Parish utilizes the following Official forms of electronic communication to communicate directly with minors:

Phone number 203-255-6134 (Parish Office)

Email address Shari Garcia (Edge) sgarcia@st-pius.org Paola Peña (Life Teen) ppena@st-pius.org

Social Network [@spxedge](#) (EDGE Facebook) [@stpiusyg](#) (LIFE TEEN Facebook and Instagram)

FLOCKNOTE is primarily used for email and text-messaging. Text **SPXFFLD** to **84576** to join FLOCKNOTE.

Parent or Guardian Completes: (Please check one)

- You MAY NOT contact my child directly. (Sign and return).
- You MAY contact my child directly. (Sign, complete all sections and return).

In addition to the above forms of direct communication used by the parish, I further authorize the following adults to communicate directly with my minor child:

Emergency Contact: _____ Phone: _____ Email: _____
Emergency Contact: _____ Phone: _____ Email: _____
Emergency Contact: _____ Phone: _____ Email: _____

All adults on the above emergency contact list may communicate with my child directly:
phone call / voice message to this telephone number _____
SMS / text message to this telephone number _____
Social networking site sponsored by group named _____
Email address: _____

I understand that the Parish and the Diocese of Bridgeport is unable to monitor direct electronic communication between adults and minors. I agree to discuss with my child the risks associated with direct forms of electronic communication. I agree to immediately report to civil authorities, to the Pastor and to the Office of Safe Environment any suspected risk of harm or abuse involving a minor as well as inappropriate use of technology by a member of the Clergy, Religious Sister or Brother, Men in Formation, Lay Employee, Volunteer or Independent Contractor.

Name of Minor Child (ren) (Please Print): _____ , _____ , _____

Name of Parent or Legal Guardian (Please Print): _____

Signature of Parent or Legal Guardian _____ Date _____