

Diocese of Erie Confidential Release Form

Saint Hippolyte Parish Faith Formation Program
25997 State Highway 27, Guys Mills PA 1627

**ALL CLASSES, EVENTS, ACTIVITIES AND RETREATS DURING THE 2024/2025 YEAR
A separate form for each student is required.**

Student Name _____ Church _____

Address _____

E-mail _____ Grade _____ Age _____

Phone _____ Alt. Phone _____

Family Physician _____ Physician Office Phone _____

Health Insurance Co. _____

Policy Number (individual) _____ (group) _____

Please list any health information that may be beneficial to the Diocese of Erie and Saint Hippolyte Parish staff or health emergency personnel: (allergies, chronic conditions, recent or current injuries or illness)

Is your child under a physician's care for any reason? If so, explain _____

Please list any prescription medication your child is taking _____

Is your child currently under psychiatric care or counseling? If yes, please explain and attach a letter of recommendation from their psychiatrist or counselor.

PERMISSION

I/We, the parent(s) (guardian) of _____ (child) request that the Diocese of Erie and Saint Hippolyte Parish allow my child to participate in all classes, events, activities, and retreats sponsored by them from September 1, 2024 through October 31, 2025.

The undersigned also agrees to authorize the appropriate staff to photograph, videotape and/or interview the named youth and agree that they may use or permit other persons to use the negatives, prints, video or interview prepared for such purposes and in such manner as may be deemed appropriate and necessary. **X this box if you do not agree to have your child photographed, interviewed or videotaped.**

I understand that if, for whatever reason, at any point in time, I decide to revoke this authorization, and I so notify the parish in writing, references to the named youth (including images or interview) will no longer be used. Any website references will be removed within thirty (30) days of written notification. I further understand, however, that references to the named youth may continue to be used in any publication already printed or published prior to my revocation of the authorization provided herein.

CODE OF BEHAVIOR

Participation in any class, activity or event is a privilege and not a right. The behavior of all (youth and adults) must reflect Christian values. The sponsoring adult must stay at the entire event and is responsible for their youth. Each individual will take full responsibility for any damage he/she might do. Drugs and alcohol are NOT permitted at any class activity, event or retreat. In addition, **No Cell Phones or other Electronic Devices are permitted at any class, activity, retreat, or other event.** The supervising adult has the right to ask any participant to leave at the participant's own expense. We/I have read and agree to uphold the above CODE OF BEHAVIOR.

Student Signature Required _____

Parent/Guardian Signature Required _____

INDEMNIFICATION

We/I hereby release and save harmless the Diocese of Erie, Saint Hippolyte Parish, their successors, legal representatives and any and all of its employees from any and all liability for any and all harm arising to my child as a result of their participation in any event, activity or retreat sponsored by the Diocese of Erie, Saint Hippolyte Parish during the dates of September 1, 2024 through October 31, 2025.

MEDICAL AUTHORIZATION

In the event of injury or illness to _____ (student's name) during their participation in any activity, event or retreat, if the parents cannot be reached, we/I hereby give our/my permission to the supervising adult leader for necessary medical treatment to be given to our/my child. We/I for ourselves/myself and for our/my child, our/my respective heirs, and our/my respective legal representatives, so hereby indemnify and hold harmless any representative of the Diocese of Erie and the supervising adult(s) from the Saint Hippolyte Parish faith formation program from any and all claims, demands and causes of action whatever kind and nature for their actions taken in pursuant to this authority. We/I agree that in case of injury to our/my child, we will apply our/my own hospitalization and/or accident insurance toward the payment of expenses incurred.

AUTHORIZATION TO GIVE MEDICINE

Please sign after each medication that you authorize the Diocese of Erie and/or Saint Hippolyte Parish personnel to give to your child during any activity, event or retreat.

Signature must follow EACH medication which you approve or that medication will not be given.
DO NOT sign by using one signature diagonally across all lines.

Acetaminophen	Signature	_____
Ibuprofen	Signature	_____
Throat Lozenge or cough drop	Signature	_____
Neosporin or Bactine Spray (wound care)	Signature	_____

Please list others we may contact if you are unavailable for advice or direction in caring for your child in case of a serious accident, illness, operation or disaster warning.

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Father/Guardian Signature	Date	Mother/Guardian Signature	Date
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Phone: Day	Evening	Phone: Day	Evening
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