

St. Thomas the Apostle Church 35 Adams Place Delmar NY

Discipleship Formation/ Youth Ministry Discipleship / Medical Consent & Permission Form

2025-2026

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_, grant

Permission for my child to attend \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_. I hereby authorize the employees, representatives and chaperones of St. Thomas the Apostle Parish, Delmar, NY to obtain emergency medical treatment, should it be necessary during my child's attendance and participation. I understand my child will get to the activity by either self-transportation or travel as part of a carpool. I fully understand what is involved in the activity and understand that I have the opportunity to call my child's Catechist/Coordinators/Youth Minister to ask about the activity.

I understand that I will be notified immediately should it become necessary for my child to obtain emergency treatment.

\_\_\_\_\_  
Home

\_\_\_\_\_  
Work

\_\_\_\_\_  
Cell

If in the event of an emergency and I cannot be reached please contact:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Telephone

**MEDICAL INFORMATION:**

List Allergies: \_\_\_\_\_

Required Medications (please indicate dosages, frequency, etc.) \_\_\_\_\_

Special Needs: \_\_\_\_\_

**PHOTO RELEASE:**

\_\_\_\_ Yes, I give consent for my child to be photographed while participating in this event and give permission for the photo to be displayed on our parish's website, news release, publication, community awareness programs and for teaching purposes.

\_\_\_\_ No consent to be photographed at this event.

**Wellness Assessment:**

**\* If you have been ill - you need to be fever-free for 24 hours (without the use of fever-reducing medication) and your symptoms need to be improving before joining us at our Discipleship Formation Gathering or Youth Ministry Event. Thank you for doing your part in keeping your neighbor healthy!**

I consent, an attest to the health of my child and give permission for my child's participation and attendance in this activity. In consideration of my child's attendance and participation, I hereby, for myself, my heirs, executors, administrators and assigns, waive and release any and all claims for damages I may have against Church of St. Thomas the Apostle, The Roman Catholic Diocese of Albany, New York, their representatives, chaperones, employees, volunteers, successors and assigns arising out of any and all injuries to my child while participating in this activity.

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

\_\_\_\_\_  
Date

**STUDENT AGREEMENT: I agree to be respectful and follow all the rules and regulations decided upon by the parish of St. Thomas the Apostle and the leadership personnel of the event. I understand that if I am disrespectful and fail to follow the rules of the event I will be dismissed from the event. I understand that upon dismissal from the event I will be asked to contact my parent or guardian and explain my reason for early dismissal from the event and seek my own way home at my parent's/guardian's expense.**

\_\_\_\_\_  
Signature of Child

\_\_\_\_\_  
Date

Revised 06/25