YOUTH MINISTRY 2023-2024

MEDIA RELEASE, SOCIAL MEDIA POLICY, MEDICAL INFORMATION

Please co	omplete the entire form ar	nd submit a copy to <u>youthmi</u>	<u>nistry@stpatrick.on.ca</u> or drop off at the parish.		
MEDIA RELEASE STATEMENT					
hereby grant permission for my child to be photographed and/or videotaped during youth ministry (EDGE and/or Lifeteen) activities and events. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then used on our youth ministry database software, social media, and/or used for the purpose of promoting youth programs at St. Patrick's Church.					
PLEASE CI	IRCLE: YES	NO			
SOCIAL MEDIA POLICY					
Youth Ministry uses today's technology to reach out to the youth of the parish, including a Website and Facebook, Instagram pages and a YouTube site. All postings on any youth ministry sponsored site or page are subject to the discretion of the coordinator of Youth Ministry and the pastor.					
considered volunteer is related even NOT be tol offensive, de circumstar 1. 2. 3.	d public information and was to remember that they arents, and therefore must be erated and will be address derogatory, or defamatory note should happen, St. Paralk with the youth who Ask youth to remove post	will be made available to any are representing the parish we appropriate. Any form of cosed immediately. Youth mining comments, links and/or important youth Ministry will import the posting. It is a posting immediately. The posting immediately.	ms by anyone representing the parish are parent upon request. Any participant or when posting about St. Patrick's Youth Ministry yber-bullying or harassment of any kind will stry will not tolerate posting obscene, harassing, ages. In the unlikely event that such mediately:		
4.	Youth will meet with the	parish priest to have a one-	on-one dialogue to explore the merits of our		

A further offense will result in youth being removed from participating in social media sites and, given

Christian values.

notified (Eg. Police, Children's Aid, etc.)

5.

circumstances, may be requested to withdraw from youth ministry. _____(Parent's Name), along with my child _____ Name) have read and agree to abide by the Social Media Policy set forth by the Youth Ministry of St. Patrick's Parish.

If it is determined that a person's safety is at risk, the appropriate authorities will be immediately

MEDICAL INFORMATION			
Does your child have any special needs due to a learning disability, physical disability, reading difficulty, hea mpairment or emotional concerns? If so, please describe.	aring		
We will attempt to be as accessible as possible. If you experience any challenges or concerns, please let us know.	3		
Please list any known allergies, health problems, or current medications:			
/We understand that reasonable precaution will be taken to safeguard the health and safety of the participand that the designated emergency contact person will be notified as soon as possible in case of emergen he event of any sickness or accident person(s) will not hold St. Patrick's Church, the Archdiocese of Toron any volunteer, chaperone, or driver responsible. I/We authorize and consent that emergency treatment be rendered under the general or specific supervision and on the advice of any physician, dentist, or surgeon; icensed to practice in the Province of Ontario or any other Province. The undersigned understand(s) and a that any medical, dental, or hospital expense incurred shall be at their own risk. The undersigned understate every effort will be made to notify the emergency contact in the event that treatment is necessary.	ncy. In nto, agrees		
By signing, I/we acknowledge that the information on the registration form is accurate.			
Youth's Name Parent's Name			

Youth's Signature _____ Parent's Signature _____

Date______ Date _____