

Parents or Guardians: Please sign both page 1 and page 2.

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**Diocese of Metuchen  
Parish of Our Lady of Perpetual Help  
Confirmation Retreat Permission Slip**

(ONE FORM MUST BE COMPLETED FOR EACH MINOR)

**Activity:** 2017/18 Confirmation Retreat    **Location:** OLPH Parish Property    **Date:** April 14-15, 2018

**PLEASE PRINT CLEARLY**

Parish Town:  Bernardsville, NJ    Parish Name:  Our Lady of Perpetual Help

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_ Grade \_\_\_\_\_ School: \_\_\_\_\_

Mode of Transportation:  None provided

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**In case of emergency** a local contact name & number other than parents must be given.

Emergency Contact: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy & Group Number \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Conditions to be aware of: (Circle) Seizures, Asthma, Migraines, and Diabetic Other: \_\_\_\_\_

Allergies: Peanut, Latex, Dyes, Other: \_\_\_\_\_ Medication Allergies: \_\_\_\_\_

List all current medications and reason: \_\_\_\_\_

List Dietary Restrictions: \_\_\_\_\_

Are immunizations up to date? Yes No Date last tetanus immunization: \_\_\_\_\_

Please complete the following question if your child has specific needs – this information will help us meet your child's needs and **will not categorize** your child in any way.

Please circle: ADD/ADHD    Food Allergy/ Epi-pen\*

**Parent /Legal Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parents or Guardians: Please sign both side page 1 and page 2.**

For additional information contact:  OLPH Religious Education Office at (908)-766-5638 or Parish Youth Minister.

Parish Youth Minister: Maureen Stevens \_\_\_\_\_ Youth Minister Cell During Activity: 908-432-4528 \_\_\_\_\_.



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Parish of Our Lady of Perpetual Help  
Confirmation Retreat Permission Slip**

**Parent/Guardian: Please read carefully and sign below.**

I/we consent to my child, \_\_\_\_\_ (“my child”), participating in Youth Ministry activities.

I/we specifically waive and release any and all claims of any nature which I/we may have now or in the future against the above named parish and/or school, the Diocese of Metuchen, their representatives, employees, agents and assigns (including, but not limited to, staff and adult supervisors) arising out of, related to, or connected in any way with Youth Ministry activities including, but not limited to, claims that may be derived from any accident or injury sustained by my child or damages or loss to property in route to, during, and/or returning from the activity.

**AUTHORIZATION FOR MEDICAL TREATMENT**

Should emergency medical treatment be necessary and I/we cannot be reached immediately, I/we authorize the delegated agents of the above-named parish to consent to medical or surgical treatment of an emergent or non-emergent nature, including in-patient or out-patient hospitalization, to be rendered to my child under the general or special supervision and advice of a physician, surgeon or dentist. Such consent may include, but it not limited to, medical or surgical diagnosis or treatment, diagnostic tests, blood tests, x-rays, transfusions, intravenous treatments, administration of medication or anesthetics, and any related procedures that may be deemed advisable or necessary. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to the delegated agents of the above-named parish to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician, surgeon or dentist, in the exercise of his/her best judgment, may deem advisable. I/we understand that I/we assume all financial responsibility for the delivery of such care at the time that such care is provided by the agency, hospital, or facility. I/we further understand that Diocesan and/or parish representatives are NOT permitted to dispense medication. In the event that my child requires medication, I/we understand that my child must be trained to self-administer medication or have a parent in attendance to administer medication.

**PHOTO RELEASE**

I/we hereby grant to the Diocese of Metuchen and its parishes, schools and assigns, the irrevocable and unrestricted right to use, reproduce and publish photograph(s) or video(s) of my child, including their image and likeness for Diocesan, parish or school publications, advertising, or website(s), or any other purpose and in any manner and medium; to alter the same without restriction; and to copyright the same. I/we hereby release The Diocese of Metuchen and its trustees, officers, employees, agents, legal representatives, and assigns from any and all claims, actions, and liability of whatever nature and relating to the use of said photograph(s) and/or video(s).

**DISCIPLINE / TRANSPORTATION OR DAMAGE COSTS**

I/we agree that I/we have read and fully understand the *Office of Youth & Adult Ministry’s Policies and Rules of Conduct* (SEE PAGE 3 ) and I/we agree to adhere to them. I/we agree to respect the rights and property of others and further understand that vandalism, stealing or insubordination will not be tolerated. I/we assume all responsibility for any and all financial obligations that result from any such behavior or the violation of the Policies and Rules of Conduct. Should it be necessary for my child to return home due to medical reasons, disciplinary actions or otherwise, I/we assume all responsibility and transportation costs.

***In witness thereof, the undersigned, intending to be legally bound hereby sets their hand and seal the date written below.***

Parent/Guardian Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I can be reached at (phone/cell phone number) \_\_\_\_\_

### Youth Participants will:

- Show Christian consideration, sensitivity, and respect to everyone and to the property around them through language, dress and behavior
- Attend all scheduled activities, arriving promptly, and staying for the entire event
- Refrain from inappropriate touching and verbal harassment
- Respect other persons and/or property
- Adhere to chaperones directions
- Be aware of noise levels in lobbies, hallways, and sleeping areas (if applicable), especially later in the evening
- Report problems of any kind to a trusted adult

### Youth Participants will not:

- Possess weapons of any kind
- Purchase, possess, consume, or distribute alcohol or illegal drugs
- Engage in any form of sexual activity or peer sexual harassment or verbal harassment
- Purchase, download, possess, view or distribute pornography
- Act in any manner that could result in injury or property damage.
- Leave the premises or be in unauthorized areas of the building without adult permission and supervision.

Youth participants will be aware of what are and are not appropriate behaviors in terms of relationships between adults and youth, with their peers. The following behaviors are generally considered **appropriate** at a diocesan/parish event:

- Handshakes
- "High-fives" and hand slapping
- Side hugs
- Shoulder to shoulder or "temple" hugs
- Verbal praise for a job well done (not regarding physical attributes)
- Touching hands, faces (usually in context of a blessing), shoulders, and arms of minors, arms around shoulders
- Arms around shoulders
- Holding hands while walking with younger minors
- Sitting beside young minors
- Kneeling or bending down for hugs with younger minors
- Holding hands during prayer
- Pats on the head (when culturally appropriate)

The following behaviors are generally considered **inappropriate** at a diocesan/parish event:

- Inappropriate or lengthy embraces
- Kisses on the mouth
- Holding children on the lap who are capable of sitting on their own
- Touching bottom, chests, or genital areas
- Showing affection in isolated areas of a facility such as bedrooms, restrooms, bathrooms, closets, staff-only areas, or other private rooms
- Going to an isolated area away from the group, or being taken to an isolated area by an adult or peer
- Being in or on a bed with an adult
- Touching knees or legs of minors
- Wrestling with minors
- Tickling minors
- Piggyback rides
- Any type of massage given by minor to adult or another minor
- Any type of massage given by adult to minor
- Any form of unwanted affection or peer sexual harassment
- Compliment or put downs that relate to physique or body development

**If a problem of any kind occurs during a youth event, young people will immediately go to a trusted adult to discuss the matter.**

Youth and parents understand that failure to agree to and abide by the Diocesan Youth Code of Conduct will bar youth from participation in any diocesan or parish sponsored youth event. If a young person violates this Code of Conduct, parents will be called to bring the youth home.