CATHOLIC DIOCESE of SALINA

2. STUDENT

INFORMATION & MEDICAL AUTHORIZATION

August 1, 2026- August 31, 2027

Combination of:
- Form B
- Form C
- Form D
- Form D-1

This is an **ANNUAL** student permission and medical form valid for all parish/school/youth ministry activities during the school year listed above. A new form must be completed each school year. A completed copy must be maintained at the parish/school level. A copy must also be submitted to the Diocese of Salina, Office of Youth Ministry, for those participating in Diocesan Youth Ministry events.

1. STUDENT INFORMATION

Student Full Name: _____

Parish/Town: _____

Date of Birth: _____

2. MEDICAL INFORMATION

Please provide information we should be aware of to help keep your student safe.

Medical Conditions: ☐ None ☐ Yes- Please Explain / Include Medicine List:

_____

Allergies: ☐ None ☐ Yes- Please Explain:

_____

Dietary Restrictions or Special Dietary Needs: ☐ None ☐ Yes- Please Explain:

_____

Anything Else We Need To Be Aware Of:

_____

***Parents/Guardians will keep this medical authorization up to date with any changes during the year.**

_____

Initial

3. EMERGENCY MEDICAL CONSENT

I hereby authorize adult staff or volunteers in charge of parish/youth ministry activities to seek and obtain emergency medical treatment for my child in the event that I cannot be reached. This authorization includes, but is not limited to, examination, treatment by a licensed physician, hospital care, and any procedures deemed reasonably necessary to protect my child's health or life. I understand that reasonable efforts will be made to contact me as soon as possible. I acknowledge and accept responsibility for all medical, surgical, and transportation expenses incurred.

_____

Initial

4. PARTICIPATION & TRANSPORTATION PERMISSION

I grant permission for my child to participate in all parish/school/youth ministry activities during the school year listed at the top of this form. I understand that certain activities may take place away from parish or school property and may involve inherent risks, including risks associated with transportation and off-site activities. I further grant permission for my child to be transported to and from activities by church-owned vehicles or by private vehicles operated by approved adult staff or volunteers. I acknowledge that reasonable precautions will be taken to promote the safety and well-being of participants, and I consent to my child's participation and the methods of transportation described above. I agree on behalf of myself and my child named herein, and our heirs, successors, and assigns, to hold harmless and defend the parish or school, its officers, employees, volunteers, and the Diocese of Salina from claims, damages, or expenses arising from my child's participation in parish/school/youth ministry activities, unless such claims arise from the negligence of the parish, school or Diocese.

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Initial

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5. BEHAVIOR EXPECTATIONS

I understand that my child is expected to follow all parish/youth ministry behavior expectations. If my child does not meet these expectations, I understand that I may be contacted and required to pick up my child.

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Initial

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6. MEDIA

Photographs and video may be taken during parish, school, and diocesan activities for use in parish or diocesan communications. If you have concerns about your child appearing in photos or video, please notify the appropriate staff at your parish or school before the event. We will make every reasonable effort to accommodate your request.

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7. EMERGENCY CONTACT

In case of emergency and we can't get ahold of the parent/guardian listed below. Please list another person we can try to contact.

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Relationship (friend, neighbor, coworker, etc.): _____

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8. PARENT/GUARDIAN ACKNOWLEDGEMENT

I have read and understand the information above and give my consent as outlined in this form.

Guardian Name: _____ Guardian Name: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Email Address: _____

Signature: _____ Date: _____