


ST. CHRISTOPHER *Youth Ministry*

ACTIVITY INFORMATION Completed by Church Agency - Please Print

(As a convenience to parent(s) or guardian(s), a duplicate copy of this information may be attached so as to be retained by them; also any additional information may be attached to further inform them of specific scheduling details, additional activity information, etc.)

One-Time Activity

	Church Agency <u>St. Christopher Youth Ministry</u>	Activity <u>Young Neighbors In Action – High School Mission Trip</u>	
	Location <u>St. Francis Cabrini High School 15305 Wick Road Allen Park, MI 48101</u>		Emergency No. <u>(937)248-7150</u>
	Starting Date and Time <u>6-24-18 9:00AM</u>	Meeting Place <u>St. Chris Church</u>	
	Ending Date and Time <u>6-30-18 2:15PM</u>	Meeting Place <u>St. Chris Church</u>	
	Activities Involved <u>Social, Prayer, Food, Cultural Activity, Volunteer Site Work, Mass, Team Building Activities</u>		
	Type of Transportation (if any) <u>Parish Bus Transportation</u>		
	Group Leader <u>Elena Pope</u>	Telephone No. <u>cell (937)248-7150 office (937)898-3542 ext 104</u>	
	Other Information _____		

ARCHDIOCESE OF CINCINNATI

ADULT PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. 11-2016)

1. I, the undersigned will participate in the activity described on the *Activity Information* form (the "Activity"), and I hereby release from all liability and indemnify the Archdiocese of Cincinnati (the "Archdiocese"), the Archbishop of Cincinnati (the "Archbishop"), both individually and as trustee for the Archdiocese, and all parishes and schools within the Archdiocese, and their respective agents, representatives, volunteers, and employees, from any and all liability, claims, judgments, cost and expenses, including attorneys' fees, arising out of any injury or illness incurred by me while participating in or traveling to or from the Activity and further agree not to bring or prosecute or allow to be brought or prosecuted (including but not limited to prosecution through subrogation) in my name, any claims, lawsuits or actions against the Archdiocese, the Archbishop, the parishes and schools within the Archdiocese, and their respective officers, agents, representatives, volunteers and employees.
2. I further understand that my participation in the Activity is purely voluntary and is a privilege and not a right. I elect to participate in the Activity in spite of the risks.
3. I agree to cooperate with the Archbishop or his agents in charge of the activity.
4. I appoint the Archbishop or his agents who are acting as leaders of the activity as my attorney in fact to act for me in my name and my behalf, in any way that I would act if I were personally present, with respect to the following matters if any injury, illness or medical emergency occurs during the Activity or related travel:
 - (i) To give any and all consents and authorizations to any physicians, dentist, hospital or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as our attorney shall deem necessary or appropriate for my best interest.
5. This power of attorney shall lapse automatically upon completion of the Activity and related travel.
6. I agree that the Archbishop or his agents may use a photograph, video or other likeness for promotional purposes, website and office functions and use social media and technology to communicate to me regarding ministry related activities.
7. This acknowledgement and release is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This acknowledgement and release shall be construed in accordance with the laws of the State of Ohio, except for the choice of law provisions thereof.

I have carefully read and understand and accept the terms and conditions stated herein and acknowledge that this Permission, Release and Medical Power of Attorney shall be effective and binding upon me and my own personal representative or estate, assigns, heirs, and next of kin and that I have signed this agreement of my own free will.

Signature _____ **Date** ____/____/____

Home Address _____ City _____ Zip _____

Place of Employment _____

Work Address _____ City _____ Zip _____

Phone No. (w) _____ (h) _____ (c) _____

Emergency Contact _____ Relationship _____ Phone No. (c) _____

Medical Information — Please Print

Name _____ Birth date ____/____/____

Allergies _____ Medications _____

Chronic Conditions (e.g. epilepsy, diabetes) _____

Medical Insurance Co. _____ Policy No. _____

Member's Name _____ Phone No. (h) _____ (w) _____

Member's Birth date ____/____/____

Family Doctor _____ Phone No. _____

Young Neighbors in Action

Adult Pledge of Support

One of the greatest strengths of the *Young Neighbors* experience is the commitment and enthusiasm of the adult team participants. This *Pledge of Support* has been developed to help adults understand what is expected of them during the week and to help insure that the service-learning experience is healthy and growth-filled for everyone involved. Everyone who takes part in *Young Neighbors*—youth and adult alike—is viewed as a program participant and is expected to abide by the rules laid out in the *Code of Behavior*. Team Leaders and adult participants play a crucial role in helping youth to understand the rationale and spirit behind the *Code* and to honor the commitments embodied in it. This *Pledge* assumes that you have carefully read through and are willing to support the policies articulated in the *Code*.

- I understand and am in compliance with my local (arch)diocesan safe environment policies.
- I understand that the Team Leader and adult participants maintain primary responsibility for their young people, both at worksites and at the program facility. I support the full, on-time participation of team members in program activities and will actively promote the compliance of team members with all program rules and regulations.
- I understand that youth participants must be accompanied by an adult member of their team any time they travel beyond the program facility.
- I understand that respect for others is essential to community life and that this fundamental respect extends to all dimensions of another's being (including sexuality, ethnicity, religious belief, etc.). I will model this respect in my dealings with others and work to create a climate of respect and dignity among the members of my team.
- I understand that harassment, abuse, and discrimination violate the basic principles upon which this program is founded and that such behavior cannot be tolerated from anyone associated with the program—in words, signs or actions.
- I understand that any charge of abuse or harassment must be investigated and understand that it can necessitate immediate dismissal of anyone so charged.
- I understand that our parish or school will be held responsible for any damage done to the housing or work facilities by our team members.
- I understand that smoking is discouraged for all participants and is allowable for young people only with an authorizing letter from their parent or guardian. I will not purchase tobacco or tobacco products for others. If I am a smoker, I will refrain as much as possible from smoking.
- I understand that all prescription medication will remain in the hands of the Team Leader and that only the Team Leader, with parent's approval, may administer prescription or non-prescription medication to youth participants.
- For the health and safety of all involved, I will voluntarily abstain from the use of alcohol for the duration of the program.
- I agree to obtain the consent of both the Parish Team Leader and the Program Director before doing anything that contradicts the rules and regulations of the *Young Neighbors in Action* program – either as stated above or as directed by the Program Director.

Signature _____ **Date** _____

Parish Name _____ **City** _____

Return to: Elena Pope, *St. Christopher Director of Youth Ministry*, 435 E. National Rd., Vandalia, OH 45377

Young Neighbors in Action
Combined Consent and Health Form

(Your signature at the end indicates your consent and acceptance of the provisions included in this document.)

Young Neighbors in Action Program Site: Detroit - St. Francis Cabrini High School

Program Starting Date (month/day/year): June 24-30, 2018

Name _____ Date of Birth _____
Parish _____ City & State _____
Age _____ Sex _____ Cell Phone (____) _____
Home Phone (____) _____ Work Phone (____) _____
Mailing Address _____
City/State/ZIP _____

PARTICIPATION CONSENT: I, (Name of Parent or Guardian) _____ grant permission for my son/daughter to participate in the *Young Neighbors in Action* program.

- **LIABILITY WAIVER:** I will not hold the Center for Ministry Development, the program facility, or the service agency responsible in the event of any injury or accident to my son or daughter while participating in the *Young Neighbors in Action* program and/or traveling to and from program activities.
- **USE OF PHOTOS/VIDEOS:** I give the Center for Ministry Development permission to use photos or videos of my child taken during program activities for future program promotion purposes.
- **STATEMENT OF HEALTH:** I hereby warrant that, to the best of my knowledge, my child is in good physical and mental health and able to participate in all program activities. (Please submit a statement indicating limitations and/or conditions of which we should be aware.)

INSURANCE INFORMATION

Family Health Insurance Co.: _____ **Policy No.** _____

MOST RECENT PHYSICAL EXAMINATION (Provide information on your child's most recent examination)

Date of Examination: _____

Physician or Clinic: _____ **Phone** _____

Physician/Clinic Address _____

IMMUNIZATIONS: (Please provide date of latest tetanus immunization) _____

Young Neighbors in Action
Combined Consent and Health Form

(Continued)

MEDICATIONS: Any medications brought to the program should be clearly labeled and in their original container. Please list any prescription or approved non-prescription drugs your child is presently taking. Include product name and physician's instructions on dosage and frequency.

- I understand that all prescription medication will remain in the possession of the adult team leader and be dispensed as prescribed. I grant permission for non-prescription medication (such as ibuprofen, acetaminophen, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

- If there are any non-prescription drugs you do not want administered to your child please list them below:

ALLERGIES (Please attach a statement noting all known allergies, including how the child has been treated and with what medication. If medications are needed occasionally or regularly, please send them with your child in case of need.)

OPERATIONS OR SERIOUS INJURIES (Within the past 18 months)

Operation/Injury _____ **Date** _____

COMMUNICABLE DISEASES: Please notify CMD if your child has been exposed to any communicable disease (mumps, measles, chicken pox, etc.) within three weeks prior to attending the *Young Neighbors* program.

MEDICAL EMERGENCY

In case of medical emergency, I understand that every effort will be made to contact the parents or guardians of participants. In the event that I cannot be reached, I hereby give permission to the physician selected by the *Young Neighbors* program director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named herein.

SIGNATURE OF PARENT OR GUARDIAN

I certify that the above information is correct and give permission for my child to be transported in privately owned vehicles and/or via public transportation for approved *Young Neighbors* program activities; and for the release of medical records to an attending physician in case of illness.

I fully understand the consequences of the foregoing statements and sign this form knowingly, freely, and willingly. (Your signature must appear below or your child will not be permitted to participate in the *Young Neighbors* program.)

Signature _____ **Date** _____

RETURN TO: Elena Pope, *St. Christopher Director of Youth Ministry*, 435 E. National Rd., Vandalia, OH 45377

Young Neighbors in Action

Code of Behavior

The Young Neighbors in Action *Code of Behavior* helps participants understand what is expected of them during the week, and of making the service-learning experience a healthy and happy one for all involved. Please read through the *Code* carefully. You will be expected to honor and uphold it throughout the week.

- Participants take part in *Young Neighbors* as part of a parish or school team. The adult leader of each team maintains primary responsibility for the actions of his or her team members. The sponsoring parish or school, and the families of team members assume responsibility for any damage done to the housing or work facilities.
- While away from the housing facility, youth participants must be accompanied at all times by an adult leader. Team members will travel to all program activities as a group.
- Participants are expected to attend all sessions unless explicitly excused by the Program Director. Name badges should be worn during all program activities.
- Dress throughout the *Young Neighbors* experience is casual; however, shirts and shoes must be worn at all sessions and meals.
- Socializing should take place only in the designated public areas of the housing facility. No visiting is allowed in sleeping areas occupied by the opposite sex without the presence of an adult leader and the permission of the Program Director.
- Each day will be a busy one, making adequate sleep a necessity. Participants must be in their respective rooms by curfew time. The noise level in the sleeping areas should be kept at a minimum. Scheduled quiet and silent times must be honored. Only the Program Director can alter curfew times or the timing of any other scheduled activity.
- Smoking by participants, youth and adult, is discouraged. Youth participants may smoke only with an authorizing letter from their parent(s) or guardian. Smoking is not allowed during program activities and is subject to local legal restrictions and any guidelines established by the program facility.
- The purchase, possession or consumption of alcohol or drugs by participants will result in immediate dismissal from the program. Major infractions of the *Code of Behavior* will meet with the same consequences.
- Sexual harassment by a youth or adult participant will not be tolerated. This behavior will result in immediate dismissal from the program. This is considered a major infraction.

Parent or Guardian: I agree that my child shall abide by the rules and regulations outlined in the *Young Neighbors in Action Code of Behavior*. I have reviewed it and discussed the *Code* with my child prior to signing this form. I agree that if my child fails to consistently abide by the *Code* or engages in a serious infraction of the *Code*, he or she may be immediately dismissed from the *Young Neighbors* program and sent home at my expense.

Signature _____ Date _____

Youth Participant: I understand and agree to the *Young Neighbors in Action Code of Behavior*.

I also understand that my parent(s) or guardian will be notified at the time of any infractions requiring my dismissal from the program and that I will be sent home at my own or my parent's expense. (Your signature must appear below in order to participate in the *Young Neighbors in Action* program.)

Signature _____ Date _____

Parish Name _____ City _____