

EMERGENCY MEDICAL RELEASE FORM and PERMISSION FORM**2026-2027**

Date _____

YOUTH NAME _____ BIRTHDATE _____ HOME PHONE _____

ADDRESS _____ CITY _____ ZIP _____ SCHOOL _____ GRADE _____

YOUTH CELL PHONE _____ EMAIL _____

PARENT NAMES _____ CELL # _____ EMAIL _____

Other contact _____ phone # _____ relation to child _____

Please complete this form and return to the parish office. It will remain on file for the **2026-2027 year**.

(The purpose of the following medical release form is to enable parents and guardians to authorize the provision of emergency treatment for minors who become ill or injured under All Saints Parish and High 5 Youth Group authority, when parents and guardians cannot be reached.)

In the event reasonable attempts to contact me at _____ (home phone #) or _____ (cell phone #) or _____ (other parent or guardian) at _____ (phone #) have been unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary to

Dr. _____ (preferred physician) at _____ (phone #)

Dr. _____ (preferred dentist) at _____ (phone #)

or in the event that the designated practitioner is not available, by another licensed physician or dentist.

2. The transfer of the minor to the nearest hospital.

List facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Name of Policy Holder _____ Name of Insurance Carrier _____

Insurance Policy Number _____ Group Number _____

Also, as parent or legal guardian, I give _____ my **permission** to participate in High Five Youth Ministry (grades 7-12) activities and trips. I agree to assume full responsibility for bodily injury, loss of personal property, and expenses thereof, if they should occur as the result of my youth's negligence. In consideration for my youth's participation, I further agree not to hold All Saints Parish or the Coordinator of Youth Ministry, or Youth Ministry Volunteers to claims of ordinary negligence. I also agree that pictures taken at functions sponsored by All Saints Parish can be posted on the parish website,

X _____ Date _____

(Signature of parent or **legal** guardian)

Address: _____

(Con't on back)

Youth Name _____ Phone _____

I am interested in being involved in/going to:

- | | |
|---|---|
| ☐ Reader | ☐ Diocesan Youth conference |
| ☐ Eucharistic Minister | ☐ CYO Basketball |
| ☐ (need to be 16 or older) | ☐ Youth Board |
| ☐ Usher | ☐ Washington DC March for Life Trip |
| ☐ Youth Choir | ☐ Steubenville Youth Conference |
| ☐ Singing | ☐ Youth Group Activities throughout the year |
| ☐ Instrument (what) _____ | ☐ One Bread One Cup |
| ☐ Serving | |
| ☐ YES project | |

Please mark the sacraments you have received: ☐ Baptism ☐ Eucharist ☐ Reconciliation ☐ Confirmation

At school my activities are: (sports, extracurricular, etc.) _____

My career interests are: _____

Please use separate forms for each high school youth. If you need more forms, extras are available at the Parish Office or you can print the form from www.allsaints-parish.com, click on Ministry, and then click on Youth Ministry.



Parent Volunteer Form Below



Please check one or several of the following events that you would be able to help with.

- | | |
|---|---|
| ☐ Youth Group Team | ☐ Youth Group Activities throughout the year |
| ☐ Oktoberfest | ☐ Walk for Life on Good Friday |
| ☐ Christmas caroling | ☐ CYO |

Please call the office at 419-595-2567 or email Kathy Reinhart at kathy@allsaints-parish.com or Cindy Brickner at cindy@allsaints-parish.com if you have any questions, comments, or concerns.

Thank you for all that you do to make things happen for our youth. You are the first and primary youth minister in their life and what a privilege it is for us that they are involved in parish life and youth ministry. May God bless you and your family abundantly.