

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** _____

Program Starting Date (month/day/year) _____

Name _____ **Date of Birth** _____

Parish/School _____ **City & State** _____

Age _____ **Sex** _____ **Home Phone ()** _____

Work Phone: Father () _____ **Mother ()** _____

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: 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 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) _____

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: The Leader of your parish or school *Young Neighbors in Action* Team.

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 work sites 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 during the program.
- 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: The Leader of your parish or school *Young Neighbors in Action* Team.