

MEDICAL INFORMATION

Does the student have any allergies? yes No

If yes, please list:

Does the student have any medical conditions we should be aware of? yes No

If yes, please specify:

LOCAL EMERGENCY CONTACTS

Please list two adults we can call in case the parent(s) cannot be reached.

Name

Relationship

Daytime Phone Number

Name

Relationship

Daytime Phone Number

Primary Physician Name:

Hospital Preference:

Attach a copy of immunization records from your child's physician. Immunization records must be signed and dated by a doctor to verify that all immunizations are current and up to date according to state regulations.

AUTHORIZATION LIST FOR PICK-UP

Please complete this form in INK.

Child's Name:

Mother's Name:

Phone:

Father's Name:

Phone:

Please list any relevant custody details

Only the following people are authorized to pick up the child listed above, in the event a parent is unable to do so. The parent is required to notify the office upon such arrangements. A driver's license or photo ID will be required by the Director and/or teachers to verify the identity of any unfamiliar person at pick up. Any additions to this list must be made by a parent IN PERSON in the Director's Office. NO ADDITIONS CAN BE MADE VIA PHONE OR EMAIL.

Name

Relationship

Phone Number

Name

Relationship

Phone Number

Name

Relationship

Phone Number

Name

Relationship

Phone Number

Name

Relationship

Phone Number

Name

Relationship

Phone Number

Parent Signature:

Date:

Parent Signature:

Date:

STUDENT HISTORY - FAMILY

Child's Full Name:

Birthdate:

Nickname/Preferred Name:

Primary Language Spoken at Home:

Siblings and their ages:

Other members of household (name, relationship)

Regular caregivers (besides mom/dad)

Pets

Parish/Church family attends

Do you have talents you would like to share with our program? (sewing, woodwork, crafts, photography, etc.) Please describe.

STUDENT HISTORY - PHYSICAL

When not at school, does your child take a daily nap? If so, what time?

Vision Impairment yes no

Speech Delay yes no

Hearing Impairment yes no

Motor Delay yes no

If yes, please describe:

Has your child been recommended or received intervention for:

Speech Therapy

Occupational Therapy

Physical Therapy

If yes, please describe:

STUDENT HISTORY – SOCIAL/EMOTIONAL

Describe your child’s overall personality.

What are your child’s favorite activities?

Has your child had group experience? If yes, please describe.

What forms of behavior management work for your child?

How does your child comfort himself/herself?

How does your child react to frustration?

How does your child express anger?

Are there any special circumstances that may affect your child’s behavior? (new baby, recent move, death, divorce, etc)

Does your child have any fears? Please describe.

What are your expectations for your child’s development in our program?

Is there any additional information you wish to share that would be helpful for our teachers to know about your child? Fee free to brag!



First and Last Name of Participant: _____ Sex: _____ Date of Birth: _____

ANNUAL PERMISSION FORM & GENERAL RELEASE FOR MINORS:
RELIGIOUS EDUCATION & YOUTH ACTIVITIES

Welcome! The Roman Catholic Diocese of Tulsa & Eastern Oklahoma (“Diocese”) strives to provide religious formation to all the minors entrusted into its care, including your son or daughter (“Participant”), as part of its religious mission to assist parents in fulfilling their sacred vocation to form each child as a disciple of Jesus Christ (cf. *Catechism of the Catholic Church*, n. 2201-203; 2221-231). As you, the custodial parent and/or legal guardian (“Parent”), desire for the Participant to receive such formation from the Diocese and engage in religious formation, youth events, or similar activities (“Activities”) at _____ (“Parish”), a part of the Diocese, this “Annual Permission Form & General Release: Religious Education & Youth Activities” (“Permission Form”) has been provided to assist the Diocese in serving the Participant and the Parent. This Permission Form is effective as of the date indicated below (“Effective Date”) with a term of twelve consecutive months or until a new permission form or equivalent is executed (“Term”).

Permission: The Parent, as the custodial parent and/or legal guardian of the Participant, grants permission for the Participant to partake in the Activities to be held at the Parish for the Term. Parent understands these Activities are held on a routine basis to be determined by the Parish. The Parish may provide more information on the specific details of the Activities available.

2. **Emergency Medical Care:** The Parent hereby certifies that, to the best of his or her knowledge, the Participant is physically able to participate in the Activities. If the situation arises that the Participant is in need of immediate emergency care, in the sole discretion of the Parish, the Parent consents to the Participant receiving emergency medical treatment. The Parent accepts full responsibility for any and all costs associated with the medical care of the Participant. If the Parent is aware of any medical conditions, e.g., food or other allergies, adverse reactions, disabilities, or other condition of the Participant that the Parent believes should be disclosed to the Parish in order to care for the Participant while entrusted into parochial care, the Parent may list and explain as follows:

Emergency Contact Name: _____ Telephone Number: _____

Emergency Contact Name: _____ Telephone Number: _____

Media Release: The Parent understands that Activities may be photographed, videotaped, or recorded and hereby grants permission to the Diocese to use the image and likeness of the Participant, in the sole discretion of the Diocese, in any and all diocesan media. Parties agree that compensation for the image and likeness of the Participant is limited to the adequate and valuable consideration described herein. Certain events, e.g., the Holy Mass and other large scale events, should be considered public events. Whether the Parent consents to this Media Release does not affect the ability of the Participant to engage in the Activities. The Parent consents to this Media Release unless otherwise marked to the contrary: ! I do not consent to this Media Release.

Waiver and Release: Parent hereby releases, forever discharges, and agrees to hold harmless the Diocese, including its successors, assigns, affiliates, directors, officers, employees, and agents, from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from any matter related to the Participant engaging in or otherwise participating in the Activities, including any and all matters related to COVID-19, except to the extent arising out of the gross negligence or intentional misconduct of the Diocese. Parent acknowledges and understands that Parent is releasing the Diocese from any and all liability for injury, illness, death, or property damage resulting from any matter related to the Participant engaging in the Activities to the fullest extent permitted by Oklahoma law.

5. **Assumption of Risk:** Parent hereby acknowledges the risks, including all risks associated with potentially high-risk activities, e.g., sports, of having the Participant involved in any way in the Activities and hereby expressly assumes any and all risk of injury, illness, and harm associated with the Participant engaging in the Activities.



6. **Minors:** Parent hereby agrees and understands that all provisions of this Permission Form, including but not limited to, **Section 4** and **Section 5** of this Permission Form, are also made on behalf of the Participant, a minor, entrusted to their care, to the fullest extent permitted by Oklahoma law. Parent agrees to help, assist, explain, and stress the importance of any rules, guidelines, or behavioral standards of the Parish to the Participant, as age appropriate. In addition to any parochial policy, the Diocese does not permit the Participant to (a) possess, obtain, use, or abuse alcohol, tobacco, or any other illegal substances; or (b) possess, obtain, or use a weapon of any kind, including pocket knives. Parent understands that violation of either parochial or diocesan standards may result in discipline including and up to being prohibited from attending or otherwise engaging in Activities.

General Provisions: This Permission Form contains the entire agreement and understanding between the Diocese and the Parent and supersedes all prior and contemporaneous agreements and understandings. The provisions of this Permission Form are independent of and severable from each other, and no provision will be affected or rendered invalid or unenforceable by virtue of the fact that for any reason any other or others of them may be invalid or unenforceable in whole or in part. This Permission Form is governed by the laws of the State of Oklahoma. Parent agrees, in the event of a dispute regarding this Permission Form, venue is proper in a Court of competent jurisdiction in Tulsa County, Oklahoma, and Parent waives any objection to such venue. The paragraph or section headings herein are for convenience only and do not define, limit, or construe any contents of such paragraphs or sections. The Diocese is an Oklahoma not for profit corporation sole.

I, the undersigned Parent, certify that I have read this Permission Form in its entirety, that this is a legally binding waiver and release of liability, and that I am at least eighteen (18) years of age. I sign this Permission Form voluntarily and of my own free will on my behalf and on behalf of the Participant under my care. I understand that this Permission Form is **mandatory** for the participation of the Participant under my care in the Activities of the Diocese.

Printed Name of Parent

Signed Name of Parent

Date Signed ("Effective Date")

Telephone Number of Parent

Document Retention Policy: Diocesan entities are required to store and otherwise retain this document for a period of two (2) years from the year the minor listed herein reaches the age of eighteen (18) years old. A digital copy of this document is sufficient for the purposes of this retention policy. This document, hardcopy or digital, may be provided to the Chancery for storage at the discretion of the diocesan entity.