

**Christ the King Catholic Church**  
**821 S. Dale Mabry Hwy, Tampa, FL 33609 813-876-5841**

**ANNUAL PARENTAL CONSENT FOR MEDICAL, PHOTOS, AND COMMUNICATION**

In case of an accident or serious illness, the above named parish (the "Parish") will contact the parent/guardian listed below. If the Parish is unable to reach them, or any other person designated, then I hereby authorize the church and its representatives to contact my child's physician and/or make arrangements for immediate emergency treatment. Payment or fees for all medical services (including fees related to medical transportation and/or evacuation) will be the responsibility of the parent/guardian. **This medical release is valid from June 1, 2025 until May 31, 2026** and for all events throughout the year. I understand that it is the parent's responsibility to update this form as necessary throughout the year if changes arise.

**Contact Information**

Participant's Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(A) Legal Guardian's Name \_\_\_\_\_ Phone(s) \_\_\_\_\_

(B) Legal Guardian's Name \_\_\_\_\_ Phone(s) \_\_\_\_\_

(C) Emergency Contact (In the event that guardians above cannot be reached) Name: \_\_\_\_\_

Phone(s) \_\_\_\_\_ Relationship to participant \_\_\_\_\_

**Healthcare Provider Information**

Family Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co. Name \_\_\_\_\_ Medical Insurance ID #: \_\_\_\_\_

Group #: \_\_\_\_\_ Cardholder's Name \_\_\_\_\_

**Health Information**

Participant carries an epi pen: ☐ No or ☐ Yes, please explain allergy:

Participant carries rescue inhaler: ☐ No or ☐ Yes, please explain triggers:

List **all** medications taken daily and/or regularly:

\_\_\_\_\_

Participant's allergies, if any, including medication and food allergies: \_\_\_\_\_

Participant's chronic medical problems (e.g. diabetes, epilepsy, anxiety, depression): \_\_\_\_\_

Participant's other physical restrictions or dietary requirements (if any): \_\_\_\_\_

Other medical, if any: (e.g. prone to panic attacks, fainting spells, wears blood sugar monitor)

\_\_\_\_\_

**Other medical treatment:** In the event it comes to the attention of the Church representatives, volunteers or employees that my child has become ill with symptoms such as vomiting, sore throat, fever, diarrhea, I recognize that I will be called as the parent/guardian and may be asked to pick-up my child immediately.

**My child may be given:** Tylenol/Acetaminophen: ☐ No or ☐ Yes; Advil/Ibuprofen: ☐ No or ☐ Yes; Excedrin/  
Aspirin Paracetamol: ☐ No or ☐ Yes; Menthol Throat lozenges ☐ No or ☐ Yes;  
Benadryl/ Diphenhydramine ☐ No or ☐ Yes; Electrolytes/Liquid IV ☐ No or ☐ Yes  
by Parish staff or Parish volunteers in accordance with their reported symptoms and label instructions.

***FORM CONTINUES ON REVERSE SIDE***

**Method of Communication Release:**

As a part of our Parish youth ministry, we want to keep you and your child up-to-date with dates for meetings and/or changes in our calendar of events. Given the nature of field trips/events we may also occasionally utilize your child's contact information to communicate and ensure their comfort and safety. All communication with your child falls under the Diocese of St. Petersburg communication policy (available upon request) and your child's information will not be shared with those who are not designated Parish staff members, Parish coordinator of youth ministry, and/or youth ministry team leaders. Your child's information will be used *only* for youth ministry purposes.

I hereby release and hold harmless the Parish and all parishes within the Diocese of St. Petersburg, and all employees, agents and volunteers from all claims, demands, and causes of action I have or may have by reason of the use of my child's contact information for the purposes stated in this release.

\_\_\_ **Yes**, I give \_\_\_\_\_ (my child) permission to communicate with the Parish Coordinator of Youth Ministry and/or youth ministry team leaders through the use of his/her:

(Child) Physical Mailing Address:

(Child) Cell Phone:

(Child) Email:

\_\_\_ **No**, I *do not* give \_\_\_\_\_ (my youth/participant) permission to communicate with the Parish Coordinator of Youth Ministry and/or youth ministry team leaders through the use of his/her mailing address, cell phone, email, or other digital means.

\_\_\_ I, as parent/guardian, would also like to receive any available updates of all dates for meetings and/or changes in the calendar of events.

(Parent) Physical Mailing Address:

☐ Same as child

(Parent) Cell phone is:

(Parent) Email address:

(Parent) Other:

**Publicity/Photo/Video Release:**

From time to time, publicity releases for Parish bulletin, newspapers, television, website, and other media may be prepared about events occurring at the Parish. These may or may not be accompanied by photos or video of participants in the youth ministry program.

I hereby waive any right that I may have to inspect and/or approve the finished product or the copy of such images that may be used in connection with the publicity releases/photos/videos. Additionally, I hereby release and hold harmless the Parish and their agents from all claims, demands, and causes of action I have or may have by reason of the use of my student(s) name and likeness for the purposes stated in this release.

\_\_\_ **Yes**, I do give permission for my student(s) name and likeness to be included in such publicity releases/photos/videos.

\_\_\_ **No**, I *do not* give permission for my student(s) name and likeness to be included in such publicity releases/photos/videos and I will have a conversation with my child about my desire for them not to be in group photos so they do not feel excluded from the group.

PARENT/GUARDIAN'S Name Printed: \_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_