



SAINT ELIZABETH ANN SETON PARISH  
 2035 Fifteenth Street West  
 Hastings, Minnesota 55033-9294  
 (651) 437-4254 • Fax (651) 438-2948

**Emergency Medical Information and  
 Expectations for Youth Activities**

**For all activities through August 31, 2008  
 A signed consent form is required for off-site activities**

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents or Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Child lives with: \_\_\_ Both Parents \_\_\_ Mom \_\_\_ Dad \_\_\_ Legal Guardian

Phone: \_\_\_\_\_ Cell/Business Phone: \_\_\_\_\_

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**Emergency Medical Information**

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical or Physical Conditions or Limitations: \_\_\_\_\_

Date of Last Tetanus shot: \_\_\_\_\_

Family Physician or Medial Group: \_\_\_\_\_

Phone: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Insurance Policy & Phone Numbers: \_\_\_\_\_

\*for extended trips, a photocopy of your insurance card may be required.

**In the event of an emergency, parent/guardian will be called first. Please provide contact information for two other trusted adults we may contact in the event we cannot reach you.**

1<sup>st</sup> Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

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**Expectations for All St. Elizabeth Ann Seton Parish Youth Activities**

1. We are made in God's image. Above all we respect ourselves, others, & the space we are in.
2. We are Christians. We expect that all Youth and Adults participating in an event will choose actions that reflect the values and teachings of Jesus Christ and the Catholic Church.
3. We are building community. Youth are asked make every effort to be present for the entire event and participate fully in all activities, following all guidelines set up for specific events.
4. God works in mysterious ways! Be open to all possibilities and enjoy the activity you have chosen to participate in!

**I have read the above expectations and I understand that I will be held accountable for my actions with consequences appropriate to the decisions I make. Growing closer to God is our goal, and I will do my part to make each Youth activity safe, successful, and enjoyable for everyone involved.**

\_\_\_\_\_  
 Signature of Youth

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date