



**Welcome to @LIFED, the high school ministry of St. Mary Parish.**

**We ask that you and your teen please read and complete all (3) forms in this packet.**

**We do ask for the physical forms with actual signatures – no scanned copies, please. Your teen can provide the completed forms to the adult leaders at one of our gatherings.**

**If you have questions, please email us at [hsyouth@stmarysacto.org](mailto:hsyouth@stmarysacto.org).**

**DIOCESE OF SACRAMENTO  
YOUTH ACTIVITY PERMISSION, MEDICAL RELEASE,  
AND PARENTAL CONSENT FORM**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
Names of Parents / Guardians: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City / State / Zip Code: \_\_\_\_\_  
Home phone number: (parent #1) \_\_\_\_\_ (parent #2) \_\_\_\_\_  
Work phone number: (parent #1) \_\_\_\_\_ (parent #2) \_\_\_\_\_  
Cell phone number: (parent #1) \_\_\_\_\_ (parent #2) \_\_\_\_\_  
Parish / School: \_\_\_\_\_

**Event: All St. Mary Parish, Sacramento, CA & Diocesan youth activities through June 30, 2026**  
**Transportation will be provided by: youth participant/family and/or St. Mary Parish, Sacramento CA**

**YOUTH CODE OF CONDUCT:**

I agree to uphold and exemplify positive Catholic values, and I understand that my participation in this program requires compliance with rules and regulations regarding my conduct. Specifically, I agree that during my participation in the program:

- I will follow the directions of adult leaders;
- I will treat adult leaders and other participants with respect;
- I will stay with my assigned group, and participate in the approved activity;
- I will dress appropriately at all times;
- I will not use, bring, or be under the influence of illegal drugs or alcohol;
- I will not smoke or use tobacco products;
- I will not engage in inappropriate sexual behavior;
- I will not be in the possession of or use firearms, knives, or weapons of any kind;
- I will not engage in acts of violence, stealing, dishonesty, gambling, or profanity; and
- I will respect the physical property of the facility and of others, and will not engage in acts of vandalism.

I agree to abide by these rules and the supervision of adult leaders, and understand that violations will be dealt with in an immediate and appropriate manner. If I should be dismissed from participation in the program, I understand that my parents will be contacted to arrange for my immediate transportation home.

\_\_\_\_\_  
Signature of Youth Participant Date

\_\_\_\_\_  
Signature of Parent (acknowledging the commitment):

**EMERGENCY HEALTH / MEDICAL INFORMATION AND CONSENT**

In the event of an emergency, I, the undersigned parent/guardian of the child named on this form, hereby give permission to the Diocese of Sacramento, parishes and schools within the Diocese, and their employees, agents, representatives, and adult volunteers, to arrange for and authorize emergency medical, dental, or surgical treatment for my child, as considered necessary by the attending physician. I wish to be advised prior to any further treatment by the hospital or doctor.

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_ Family  
Health Plan Carrier: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

I also agree to provide designated parish/school/diocesan representatives with current telephone numbers at which I can be reached, as well as the names and phone numbers of individuals who are likely to know where I am should an

emergency arise. In the event of an emergency, if you are unable to reach me at the numbers listed above, please contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate Contact Number: \_\_\_\_\_

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

\_\_\_\_\_  
Date

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## MEDICATIONS AND NON-EMERGENCY HEALTH TREATMENT

[Please sign/authorize all of the following authorizations/directions that are applicable]

1. If my child becomes ill with symptoms that do not indicate emergency medical treatment (e.g., headache, vomiting, sore throat, fever, diarrhea), I wish to be called (collect / reversed phone charges if necessary) to be informed of my child's condition.

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

\_\_\_\_\_  
Date

2. My child is currently taking the following medication(s), which he/she will bring on this activity, in well-labeled, original containers that include clear directions for dosage and frequency of use. I hereby give permission for an adult leader to administer the following medication(s):

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Date

3. No medication of any type (prescription or nonprescription) may be administered to my child unless his/her condition is life threatening and emergency treatment is required, as considered necessary by the attending physician.

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

\_\_\_\_\_  
Date

4. I hereby grant permission for nonprescription medication (e.g., non-aspirin pain relievers, throat lozenges, cough syrup) to be given to my child, if deemed advisable by the adult supervisor of the activity, subject to the following exceptions (write "none" if there are no specific exceptions):

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Date

## SPECIFIC MEDICAL INFORMATION/CONDITIONS

Allergic reactions (to medications, foods, plants, insects, etc.)?

\_\_\_\_\_

Immunizations (date of last tetanus/diphtheria immunization):

\_\_\_\_\_

Current medications being taken by child:

\_\_\_\_\_

Medically-prescribed dietary restrictions?

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Physical limitations?

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Learning disabilities or related conditions (ADD, ADHD, reading or writing difficulties, etc.)?

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History of severe homesickness, emotional reactions to new situations, sleepwalking, bed wetting, fainting?

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Any recent exposure (within the past two weeks) to contagious disease/condition, such as mumps, measles, chicken pox?  
If so, specify the date and the condition exposed to:

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Any dietary restrictions (other than allergies identified above)?

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Any other special medical issues or other conditions to be aware of?

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## **PARENT AGREEMENT / CONSENT**

I/we, the undersigned parent or guardian of the child named on this form give permission for my/our child's participation in the activity referred to on this form, and in addition to the Health/Medical Information Consent provisions that we have agreed to above:

- Direct Child to Cooperate: I/we agree to direct my/our child to cooperate and comply with all reasonable directions and instructions from parish/school/diocesan staff or adult volunteer leaders.
- Consent for Transportation (if applicable): I/we give permission for my/our child to be transported to and/or from the specified programs, events, and activities in vehicles driven by adult leaders selected by the parish/school/diocesan coordinator, in accordance with diocesan guidelines.
- Responsibility for Medical Expenses: I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in this activity, whether or not caused by the negligence of the parish, school, or diocesan employees, agents, volunteers or other participants.
- Acknowledgment of Risks: I/we understand that in the course of participating in this activity, my/our child may engage in activity that carries a risk of injury to the body, psyche, or property of themselves and others. Such injuries can be caused by other persons, may be accidental or self-inflicted, or may arise from faulty equipment or facilities, existing conditions of recreational facilities, vehicle accidents while in transport during an activity, or through the activity itself.

Accordingly, in consideration for being permitted to participate in the specified activities, to use the equipment provided, and to enter the premises and facilities of the Diocese of Sacramento, for any purpose including observation of and participation in activities, the undersigned parent or guardian, for him or herself and any successors in interest, and on behalf of the minor child, agrees as follows:

1. To release, waive, discharge, and promise not to sue the Roman Catholic Bishop of Sacramento, a corporation sole, and its affiliated entities, employees, agents, and volunteers (the "Diocese") from all liability for any loss or damage, and any claim or demands therefore on account of injury to the body, injury to psyche, or injury to property of the minor child, or to undersigned parent or guardian, whether caused by negligence or other conduct by the Diocese while the minor child, parent, or guardian is participating in the specified activities or in, upon, or about the premises of the Diocese or any of its facilities or equipment.
2. To indemnify and hold harmless the Diocese from any loss, liability, damage, or cost it may incur due to the acts of the minor child, parent, or guardian in, upon, or about the premises of the Diocese, its facilities or equipment, or while participating in any parish, school, or diocesan activities whether caused by negligence or otherwise.

3. That he or she has read this Consent Form and agreement and voluntarily signs it, and that no oral representations, statements, or inducements apart from the contents of this Form have been made.

I/we have read this Agreement and understand and agree to everything set forth above.

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Signature of Parent or Guardian

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Date

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Signature of Parent or Guardian

---

Date



## DIOCESE OF SACRAMENTO

2110 Broadway • Sacramento, California 95818 • 916/733-0237 • Fax 916/733-0195

Safe Environment

Name of Parent/Guardian \_\_\_\_\_

Name of Minor Child \_\_\_\_\_

Name of Ministry Leader \_\_\_\_\_ Dominic Ilati \_\_\_\_\_

Name of School/Parish/Diocesan Entity \_\_\_\_\_ St. Mary Parish, Sacramento, CA \_\_\_\_\_

Name of Ministry \_\_\_\_\_ @LIFED High School Youth Ministry \_\_\_\_\_

### Electronic Communications Acknowledgment

As part of the ministry named above, the ministry leader may employ electronic communications such as group messaging or mass e-mails in order to keep participants informed. These communications will only be used for ministry purposes such as announcements, scheduling of events, and similar notifications.

The Diocese of Sacramento's policy is that ministry leaders may not engage in one-on-one communications with minor children except in urgent pastoral care. Even in this scenario, another adult will be brought into the conversation.

Parents and guardians are seen as partners in our efforts to keep children safe, and you will be included in group communications that are sent to your minor child.

*This form will be filed in a confidential folder for parish/school/organizational use only. The person(s) being authorized to engage in group communications with the minor child is in compliance with the Diocese of Sacramento's Safe Environment Policy with this School/Parish/Diocesan Entity.*

I acknowledge that my minor child will be communicated with via a group communication channel and that as a parent/guardian, I will be included on all group communications.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Email Address \_\_\_\_\_

### Our ministry has chosen to use the following group communication channel:

☒ Text Messages ☒ Email ☒ Apps: Flocknote and Discord

For the group communication channel listed above, please list:

Guardian Contact Information: \_\_\_\_\_

Minor Child Contact Information: \_\_\_\_\_



## DIOCESE OF SACRAMENTO

2110 Broadway • Sacramento, California 95818 • 916/733-0237 • Fax 916/733-0195

Safe Environment

Name of Parent/Guardian \_\_\_\_\_

Name of Minor Child \_\_\_\_\_

Name of Ministry Leader Dominic Ielati

Name of School/Parish/Diocesan Entity St. Mary Parish, Sacramento, CA

**Permission Form for Video/Audio/Photography/Media**

**Term of Permission: May 1, 2025 through June 30, 2026**

By signing below, I hereby acknowledge and agree to the following

- I understand that the School/Parish/Diocesan Entity identified above and Diocese of Sacramento (collectively herein, "the Diocese") will conduct youth ministry via the internet, thorough livestreamed sessions that may be recorded by the Diocese. If the content is recorded by the Diocese, there is a possibility that identifying features of a participating child (name/face/voice) will be also be recorded during the session.
- I understand that to protect the privacy of all children participating in on-line youth ministry activities, the participants in such activities (except the Diocese, as set forth above) are strictly forbidden from taking screen shots or recordings during any livestreamed session.
- I understand that during ministry events, ministry leaders or other representatives of the Diocese may take photographs or videos during the event, and that those photographs or videos may therefore include the images of children who are participating.
- I understand that as part of the Diocese's desire to evangelize and promote youth ministry, photographs and video recordings may be used by the Diocese in ways that include, but are not limited to, posting on Parish or Diocesan websites or social media, or inclusion in bulletins or other written publications of the Diocese, and that video or photographs used in that manner may include the images of children who have participated in youth ministry events and activities.

With these acknowledgments in mind

1. I hereby grant to the Diocese the right to make, use, and/or publish any and all videos, photos, media, audio, or other images of my minor child, to the extent those materials are captured during youth ministry activities, now existing or hereafter made, with or without identifying him/her, for the uses described above.
2. I hereby release and agree to fully and unconditionally defend, indemnify, and hold harmless the Roman Catholic Bishop of Sacramento, a corporation sole, and any pertinent Parish corporation, or other diocesan entity corporation, and their clergy, officers, agents, employees and volunteers, from any claims, costs or expenses for property damages, personal injuries, or other damages that may arise out of my minor child's participation in youth ministry activities.
3. I understand and agree that if I wish to revoke my permission given in this Permission Form, I must do so in writing and inform the Parish or Diocese. Otherwise, it will remain in full force and effect through the Term of Permission identified above.

\_\_\_\_\_  
Parent/Guardian Name (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date