

Southern California Catholic Home Educators'
20th Annual Conference and Curriculum Fair, June 22, 2019
High School Teen Track Permission Form

Student's Name (please print): _____

Parent's Name (please print): _____

Phone #: Home: _____ Mobile: _____

Parent Agreement:

I, the undersigned and the parent/legal guardian of _____, give permission for my son/daughter to attend the SCCHE High School Teen Track exclusively for Catholic home- school high school students at St. John the Baptist Catholic Church on June 22, 2019, from 9:30 a.m. - 3:00 p.m. I will review the Student Agreement (below) with my teen, and I understand if my son/daughter is found to have any alcoholic beverages, drugs, or weapons, or is not following behavior standards in the Agreement, I will be notified and make arrangements to have him/her picked up immediately.

Check one:

- I will be attending the SCCHE Conference and staying the entire day. I will sign my teen in and sign my teen out.
- I will not be attending the SCCHE conference the entire day and designate another person, _____, cell phone # _____ to be responsible for my teen during the teen track, and to sign out and leave the conference with my teen not later than the conclusion of the event.

Circle Yes or No:

Yes / No, I understand that I, or the designated person listed above, will be at the High School Teen Track sign-in/out area between **3:00** and **3:15 p.m.** to sign out my teen.

Yes / No, I have filled out the Medical Information & Release Form (reverse or next page) and believe the information to be correct.

Yes / No, I give permission for my teen's photograph to appear on the SCCHE website or other SCCHE promotional materials.

Parent Signature: _____ Date: _____

Student Agreement:

I, (print name) _____ agree to take responsibility for myself and follow the rules and regulations given by the adult leaders of the SCCHE High School Teen Track. I understand that this is an event for Catholic students, and I agree by signing below and participating in this event that I am in agreement with all teachings of the Roman Catholic Church. I understand that no drugs, alcohol, or weapons will be brought, purchased, or consumed by myself or any participant. I understand that if I break these rules or am disruptive, vulgar, or disrespectful, my parents will be notified, and that disciplinary action will be taken by the adult leader(s) present.

Student Signature: _____ Date: _____

Southern California Catholic Home Educators'
20th Annual Conference and Curriculum Fair, June 22, 2019
High School Teen Track Medical Information & Release Form

For _____ (Teen's Name)

The undersigned PARENT/LEGAL GUARDIAN (hereafter the "Parent") hereby agrees to the following:

1. GENERAL RELEASE AND LIABILITY: Parent releases SCCHE (hereafter "SCCHE" including its officers, directors, employees, volunteers and other agents), St. John the Baptist Catholic Church, and the Bishop and Diocese of Orange from any liability for injuries or other damages the participating child/youth suffers arising out of or connected with the youth's participation and attendance at the SCCHE High School Teen Track.
2. FIRST AID: Parent hereby grants SCCHE permission to give or obtain for the participating youth emergency first aid treatment and any other treatment reasonably necessary under the circumstances. This includes permission to engage professional assistance and treatment, such as ambulance, urgent care, hospital, and physician care, all at the undersigned's cost and expense. In such event SCCHE will make reasonable efforts to contact the parent/guardian or other emergency contact person listed.
3. HEALTH HISTORY: in the designated area below, please note any special or medical conditions that your youth has that we should be aware of.

Parent/Guardian: Printed Name, Signature

_____ Cell phone: _____

Emergency Contact Name/Relationship:

_____ Cell phone: _____

Student's Age: _____ Grade Entering in Fall: _____

HEALTH INFORMATION:

Does the above named youth have any allergies (food, medication, etc.)? ____yes ____no

If yes, please list: _____

Date of last Tetanus Shot: _____

Does the above named youth take any medications? ____yes, ____no

If yes, please list:

Medication _____ Dosage: _____ Frequency: _____

What is it for? _____

Does the above named youth need assistance with the administration of the medications listed above medications? ____yes, ____no

If yes, a parent must return at the necessary times to administer the medication. Please initial: ____

Please list any other medical conditions and/or special needs:

Insurance Information:

Medical Insurance Co. _____ Phone #: _____

Group Name: _____ Policy Number: _____