(Only one Health Form is required per year for each minor.)

Basilica of St. Joseph Proto-Cathedral Youth Ministry
2025-2026 HEALTH FORM

Name of Minor: _____ Birth Date: _____ Male: __ Female: __

Address of Minor: _____ City, State, Zip: _____

Printed Name of Parent/Guardian: _____

Home Phone: _____ Cell / Emergency Phone: _____

Family Physician: _____ Phone: _____

Physician Address: _____ City, State, Zip: _____

Health Insurance Data:
Insurance Company: _____ Policy Holder's Name: _____

Complete only that information which your insurance company provides:
- Policy #: _____ - Group #: _____

- Contract #: _____

Reason for which release is intended: Basilica of St. Joseph Proto-Cathedral Youth Ministry

Is your son/daughter in general good health and able to participate in all normal activities? Yes ____ No ____
(If not, please submit a statement indicating limitations.)

Please give dates for the following:
- Most recent physical examination: Date _____
Family Physician or Clinic _____
- Immunization history:
  - DPT _____ - DPT Booster _____ - Tetanus Booster _____
  - Polio Series _____ - Polio Booster _____

Please list allergies, contacts, or other pertinent comments: _____

_____

_____

Is your child currently taking any medication? Yes ____ No ____

If yes, please list types of medicine _____

Do we have your permission to dispense Tylenol if needed? Yes ____ No ____

Note: Please notify Lauren Nolan, Director of Youth and Young Adult Formation if your son/daughter is exposed to any communicable diseases during the three weeks prior to attendance at an activity.

In case of any medical emergency, I understand that every effort will be made to contact the parents or guardians of the child participating in the Youth Ministry events and activities of the parish. In the event that I cannot be reached, I hereby give my permission to the physician selected by Lauren Nolan, Director of Youth and Young Adult Formation and/or the designated person in charge of the activity to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named herein.

I further authorize the person who presents the minor to sign the Acknowledgement of Receipt of Notice of Privacy Rights that may be presented by the physician or health care facility.

Date: _____ Signed: _____
(Parent or Guardian)

IMPORTANT NOTE TO PARENTS/GUARDIANS:

Basilica of St. Joseph Proto-Cathedral Youth Ministry Youth Ministry
HEALTH FORM

Here are some common questions about the need for health forms for your child for the Basilica of St. Joseph Proto-Cathedral Youth Ministry activities:

Q: "Why are these forms needed in the first place?"
A: It is parish and diocesan policy that because of insurance liability, permission slips and medical treatment release forms are required for any parish sponsored activities off of parish-owned grounds/facilities. This ensures the protection of the parish, and any staff or volunteers that are involved, as well as the youth participating in the event, program, or activity.

Q: "I filled out one of these last year, why do I have to fill it out again?"
A: Legally, based on diocesan and parish policies, medical release forms are only valid for one year and need to be re-accomplished each year. Our policy is ***"July 1 through June 30."*** On June 30 each year, all the forms become void and are appropriately destroyed. New forms must be dated July 1 or later. Additionally, it ensures we have updated insurance and contact information for the students. Once it is done, you won't have to fill out another one for the rest of the year!

Q: "I completed one of these forms for _____ (School, CSAA, etc.). Why do I need to fill out one for Youth Ministry, too?"
A: Since the person in charge of the particular program, event, or activity needs to physically have the original medical treatment release forms in their possession during the event, program, or activity, each office/organization needs to have their own originals.

Q: "Who can I talk to if I have more questions about this?"
A: Please feel free to visit, call, or email the Basilica of St. Joseph Proto-Cathedral Youth Ministry Office at your convenience. It is located in the St. Joseph Parish Office. The Coordinator of Youth Ministry is Lauren Nolan, whose contact information is:

Basilica of St. Joseph Proto-Cathedral
Office of Youth and Young Adult Ministry
310 W Stephen Foster Ave
Bardstown, KY 40004
Cell: 502-221-1237
Office: 502-684-8193
Lnolan@stjoechurch.com

Last updated/reviewed on: 5/2025

Basilica of St. Joseph Proto-Cathedral Youth Ministry
General Permission Form

I, _____ (parent/guardian) request that my child _____ be allowed to participate in the following activity: _____ at/in_____ on _____

I further give permission for my child to ride in any vehicle designated by the adult in whose care my child has been entrusted while participating in the above activities.

In consideration of permitting my child to attend and/or participate, I do hereby, for myself and my child (children) waive and release any and all claims that I might have against the Office of Youth Ministry of Saint Joseph Parish, St Joseph Parish, the Archdiocese of Louisville and any designated driver of a van, bus, car or vehicle, for any and all injuries or losses suffered by said child (children) while engaged in the above activities.

In case of any medical emergency, I understand that every effort will be made to contact the parents or guardians of the child participating in the Youth Ministry Programming of the Parish. If I cannot be reached, I hereby give permission to the physician selected by the Director of Youth and Young Adult Formation to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named herein.

I also give my permission for the use of photographs/video, which may include my child, to be used by St. Joseph Church or the Archdiocese of Louisville for promotional purposes of this event.

Return this form to St. Joseph Church Parish Office or Email: LNolan@stjoechurch.com

*If the permission slip is not received prior to the event, your child will not be allowed to attend this event. Thank you!

Signature_____ Date_____