

**Diocese of Birmingham in Alabama - Form CH-1
Parental/Guardian Consent Form and Liability Waiver**

Type or Print Clearly All Information

Child _____ Sex ____ Date of Birth _____

Parent(s)/Guardian(s) _____

Home Address _____ City _____ State _____ Zip _____

Home phone () _____ Other phone() _____

I, (name of parent or guardian) _____, grant permission for my child (name of child) _____ to participate in this parish youth event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of personnel from _____ parish/school

A brief description of the activity follows:

Date of event/activity: _____

Type of event/activity: _____

Destination of event/activity: _____

Name and Location of overnight lodging (if applicable) _____

Individual in charge of and responsible: _____

Estimated time of departure and return: _____

Mode of transportation to and from event: _____

I do hereby further give consent for all emergency medical care (including surgery, if deemed necessary and recommended by at least two attending physicians) prescribed by a duly licensed physician for my child in the event of injury or illness to my child during the above named activity. This emergency medical care may be given under whatever conditions are deemed necessary, or whatever conditions may then and there exist, so as to preserve and protect the life, limb, health and well-being of my child.

In consideration of the parish or school allowing my child to participate in this event, I do hereby agree to forever indemnify, exonerate, hold-harmless and defend the owner and driver of the private motor vehicle, the parish, the pastor, and staff members and all youth ministry personnel, and the Bishop of Birmingham in Alabama, a corporation sole, and in said bishop's individual capacity, and their respective successors in office, from all claims, demands, actions, and causes of action, arising out of or in any way pertaining to any bodily injury or illness, including death, incurred by my child during the course of any said activities, and including emergency medical and/or surgical treatment for my child and whether or not said claim, demand, action or suit is based on, or alleged to be based on, in whole or part, the negligence, wantonness, or other similar conduct of any of The Indemnitees.

Parent sign Initials here _____

This Indemnity applies, in all events, to the extent that such an injury, damage, illness, or death to my child is not covered by applicable or enforceable liability insurance available to The Indemnitees, or when the amount of liability exceeds the said insurance policy limits. I assume all risks and hazards incidental to or attendant with my child's participation in the above named activity, and in each phase of it.

I request that in the event of any medical or other emergency involving my child during the above named event, when neither myself or the child's other parent is readily available to be contacted by phone, that the adult supervisor contact the following person, who will have authority to speak for me with respect to the emergency needs of my child.

Alternate Contact: _____ Relationship: _____

Phone(s) of Alternate: _____

Signature(s) of Parent/Guardian: _____

Name _____

MEDICAL INFORMATION

Family Physician: _____ Phone: _____

Family Health Plan Carrier: _____

Policy/Contract Number: _____ Phone: _____

Name of Policy Holder: _____

Optional:

My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage, and frequency of dosage are as follows:

Signature: _____ **Date:** _____

Optional Instruction:

Do not give non-prescription medication of any kind to my child without my express permission.

Exceptions: _____

Signature: _____ **Date:** _____

Allergic Reactions (medications, foods, plants, insects, etc.) _____

Date of last tetanus: _____

Special Dietary Considerations: _____

Physical Limitations: _____

You should be aware of these special medical or psychological conditions of my child:

CODE OF CONDUCT

I hold that my child will conduct himself/herself in a proper manner and failure to abide by standard codes of conduct will cause my child to be dismissed from the above named event. I understand that if my child is dismissed from the event I will be expected to travel (or send an adult designee) at my expense to the event location and retrieve my child.

Signature: _____ **Date:** _____

Diócesis de Birmingham, Alabama - Forma CH-1
Permiso de los Padres o Guardianes y Limitación de Responsabilidad

Imprima o escriba claramente toda la información

Nombre del participante _____ Sexo ____ Fecha de nacimiento _____

Padre(s) o Guardian(es) _____

Calle _____ Ciudad _____ Estado ____ Zip _____

Teléfono (casa) _____ Otro teléfono() _____

Yo, (nombre del padre o guardián) _____, le doy permiso a mi hijo(a) (nombre) _____ para que participe en este evento de la juventud de la parroquia, entendiendo que se requiere transportación hasta lugares fuera de los predios de la parroquia. Esta actividad estará bajo la tutela y dirección de empleados de la parroquia desde _____

Breve descripción de la actividad: _____

Fecha del evento o actividad: _____

Tipo de evento o actividad: _____

Lugar del evento o actividad: _____

Nombre y lugar del sitio donde pasarán la noche (si aplica) _____

Persona a cargo y responsable: _____

Hora estimada de salida y regreso: _____

Modo de transportación: _____

Doy permiso también para cuidados de emergencia (incluyendo cirugía, de ser ésta necesaria y recomendada por al menos dos médicos) ordenados por un médico certificado, en casos de heridas o enfermedades que mi hijo(a) sufra durante esta actividad. Este cuidado de emergencia se puede proveer bajo las condiciones necesarias, o bajo las condiciones existentes, para preservar y proteger la vida, extremidades, salud y estado general de mi hijo(a).

Como consideración a la parroquia o escuela que ha permitido que mi hijo(a) participe en este evento, me comprometo indemnificar, exonerar, no culpar de ninguna forma, y defender al propietario y conductor del vehículo motorizado privado, a la parroquia, el párroco, y miembros y personal del ministerio de la juventud, al obispo de Birmingham en Alabama, corporación única, y al obispo como individuo, y a sus sucesores, de toda querrela, demanda, acciones y sus causas, que sucedan de alguna manera con respecto a daños corporales o enfermedades, incluyendo la muerte, incurridos por mi hijo(a) durante el transcurso de estas actividades, incluyendo tratamiento médico de emergencia o quirúrgico para mi hijo(a), aun cuando dichas querellas, demandas o acciones se puedan basar, o que se pueda alegar que se basan en parte o totalmente en la negligencia, abandono o conducta similar de los indemnizados.

Iniciales del padre (o madre) o guardián _____

Esta indemnización es válida, en todos los eventos, hasta el punto que tal daño, herida, enfermedad o muerte de mi hijo(a) no esté protegida por alguna póliza de seguro activa y disponible a los indemnizados, o cuando la cantidad de responsabilidad sobrepase los límites de dicha póliza de seguro. Me comprometo a ser responsable de todos los riesgos o peligros causados por mi hijo(a) o que hayan surgido durante la participación de mi hijo(a) en esta actividad o en cualquiera de las fases de la actividad.

Solicito que en casos cuando sea necesario cualquier tipo de cuidado médico o cualquier otra emergencia con mi hijo(a), de no estar yo disponible, o de no estar el otro padre o madre disponible por teléfono, que el supervisor responsable adulto se ponga en contacto con el individuo cuyo nombre incluyo a continuación, quien tiene la autoridad de representarme con respecto a las necesidades de emergencia de mi hijo(a).

Otro contacto: _____ Relación: _____

Teléfono(s) del contacto alternativo: _____

Firma del padre o guardián: _____

Nombre _____

INFORMACION MEDICA

Imprima o escriba claramente toda la información

Doctor _____ Teléfono _____

Plan Médico: _____

Número de póliza o contrato: _____ Teléfono: _____

Nombre del beneficiario: _____

Opcional:

Mi hijo(a) está tomando medicamentos actualmente. Mi hijo(a) tendrá consigo todos los medicamentos necesarios, y estos medicamentos estarán claramente rotulados. Los nombres de de los medicamentos y las instrucciones necesarias para que mi hijo(a) los tome debidamente, incluyendo el nombre, dosis y frecuencia de la dosis, son:

Firma _____ Fecha: _____

Opcional:

No permitan que mi hijo tome medicinas de ninguna clase (incluyendo las que no necesitan si receta) sin mi permiso.

Excepciones: _____

Firma: _____ Fecha: _____

Alergias (medicinas, alimentos, plantas, insectos, etc.) _____

Fecha de la última vacuna contra el tétano: _____

Dieta especial (diabetes, vegetariana, etc): _____

Limitaciones físicas: _____

Deben considerarse las siguientes condiciones médicas o psicológicas de mi hijo (a):

CODIGO DE CONDUCTA

Le he hecho claro a mi hijo(a) que ha de comportarse debidamente y que si no cumple con los códigos normales de conducta puede ser despedido de este evento o actividad. Entiendo que ésto implica que yo soy responsable de proveer e incurrir en todos los gastos de transportación necesaria para regresarlo a mi hogar desde el evento.

Firma: _____ Fecha: _____

Parish Name OR School Name if enrolling for service in a Catholic School

[Grid of 20 empty boxes for Parish/School Name]

Last Name

First Name

[Grid of 20 empty boxes for Last Name] [Grid of 10 empty boxes for First Name]

Middle Name

Name Suffix

[Grid of 10 empty boxes for Middle Name] [Grid of 5 empty boxes for Name Suffix]

Date of Birth

Social Security Number

[Grid for Date of Birth: MM/DD/YYYY] [Grid for Social Security Number: XXX-XX-XXXX]

Preferred Phone Number

Extension

Sex

[Grid for Phone Number: (XXX) XXX-XXXX] [Grid for Extension: XXXXX] [Grid for Sex: X]

Home Address

[Grid of 20 empty boxes for Home Address]

City

State

Zip Code

[Grid of 20 empty boxes for City] [Grid of 2 empty boxes for State] [Grid of 5 empty boxes for Zip Code]

Position applying for _____

Name and address of church you attend: _____

E-mail address

[Grid of 30 empty boxes for E-mail address]

Character References (not immediate family)

a. Name _____

Phone () _____

b. Name _____

Phone () _____

c. Name _____

Phone () _____

1. Do you use illegal drugs..... yes no
2. Have you ever been convicted of a criminal offense?
..... yes no
3. Have you ever been charged with child abuse or neglect?
..... yes no
4. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of minors? yes no
5. Explain any "yes" answers:

Previous Residences (for the last 5 years)

City	State
_____	_____
_____	_____
_____	_____
_____	_____

I understand that:

1. The information I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me, or by conducting criminal background checks. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the Diocese of Birmingham in Alabama and its institutions, staff and volunteers.
2. In signing this application I affirm the information I have given herein is true and correct.

Signature of Applicant _____

Date _____

Form AS-1 (back)
To be kept on file at local
Parish/School

RECORD OF TRAINING

NAME _____

Date	Course Name	Location of Course
	Youth Protection 1	
	Youth Protection 2	

Form AS-1
To be kept on file at
local Parish/School

Diócesis de Birmingham

Solicitud para Servicio

- Volunteer
- Parish Staff
- Catholic School Teacher/Staff

Parroquia: _____

Nombre completo: _____

Fecha de nacimiento: _____ Sexo: _____ Seguro social: _____

Domicilio: _____

Ciudad: _____ Estado: _____ Zona Postal: _____

Dirección para correo: _____

Teléfono: _____ Celular: _____ Contacto de emergencia: _____

Correo electrónico (e-mail) _____

PERSONAS QUE PODEMOS CONTACTAR PARA REFERENCIA. (no familia)

a) Nombre: _____

Teléfono: _____

b) Nombre: _____

Teléfono: _____

c) Nombre: _____

Teléfono: _____

LUGARES DONDE HA VIVIDO LOS ÚLTIMOS 5 AÑOS:

Ciudad	Estado
_____	_____
_____	_____
_____	_____
_____	_____

Servicio solicitado
<input type="checkbox"/> cuidado de niños
<input type="checkbox"/> catequista
<input type="checkbox"/> asesor pastoral juvenil
<input type="checkbox"/> líder de _____.
<input type="checkbox"/> ministro extraordinario de la comunión
<input type="checkbox"/> lector
<input type="checkbox"/> ujier
<input type="checkbox"/> encargado de monaguill@s
<input type="checkbox"/> otro _____.

1. Usa drogas ilegales.....si no
2. Alguna vez ha sido convicto por una ofensa criminal.....si no
3. Ha sido acusado de abuso de menores o de negligencia?.....si no
4. Además de lo ya mencionado, ¿hay algo o alguna circunstancia en su pasado que pueda llevarnos a dudar el confiarle la supervisión, guía, acompañamiento o cuidado de menores?.....si no
5. Si su respuesta es "sí" por favor explique. _____

ENTIENDO QUE:

1. La información que he dado puede ser verificada, de ser necesario se comunicaran con las personas u organizaciones nombradas en esta solicitud, con cualquier persona o agencia que tenga información sobre mi o llevando a cabo una investigación de antecedentes penales. Al dar esta autorización doy mi consentimiento y libero de todo cargo a cualquier persona o agencia que provea la información requerida. También renuncio a cualquier reclamación en contra de, y eximo y considero inocente a la Diócesis de Birmingham y a cualquiera de sus empleados, voluntarios, agentes, y representantes de cualquier daño que pudiera surgir de esta investigación.
2. Al firmar esta solicitud, afirmo que la información aquí dada es verídica y correcta.

Firma: _____

Fecha: _____

Form AS-1

To be kept on file at
local Parish/School

Record of Training / Record de Entrenamiento Recibido

To be renewed every 3 years / Se renueva cada 3 años

Name/Nombre: _____

Date / Fecha	Course Name / Numero de la Sesión Recibida	Location of Course / Lugar donde se recibió la Sesión
	Session 1 / Sesión 1	
	Session 2+ / Sesión 2+	

Diocese of Birmingham in Alabama
Health Information for Adult Participant
Carefully Print All Information

Form CH-2

Name _____ Date of Birth ___/___/_____

Address _____

City _____ State _____ Zip Code _____

Phone () _____

Primary Physician _____ Phone () _____

In Case of Emergency Contact:

Name _____ Relationship _____

Phone(s) include area code _____

Health History

Recent serious injury: Describe _____

Recent surgery: Describe _____

Recent hospitalization: Describe _____

Wear glasses

Wear contact lenses

Diabetes

Heart condition

High blood pressure

Other: _____

Current Medications

Allergies (Include allergies to medication)

Other Health Concerns

Signature _____ Date _____

Use Back of Form if Additional Space is Needed

Diocese of Birmingham in Alabama – Form DI-2
Driver Information
Print Clearly

Name _____ Phone _____

I understand and agree to the following rules concerning the transport of minors:

All drivers must:

- Be at least 21 years old
- Have a current and valid driver license (issued within the United State)
- Have completed and properly filed diocesan form AS-1, Application for Service
- Obey all applicable traffic laws
- Enforce a “non-smoking” policy inside the vehicle while transporting minors
- Abstain from the use of a cell phone or other communication device while operating the vehicle
- Abstain from alcohol or other substances which may impair judgment or the ability to safely operate the vehicle. Period of abstinence must include at least six hours before driving through time of arrival at final destination

All vehicles must:

- Be currently registered with a state
- Have an appropriate seat and seatbelt for each passenger
- Be in good operating condition with all safety equipment functioning properly
- Have vehicle liability insurance in the minimum of \$100,000 per person/\$300,000 per occurrence

=====

I have not been convicted of driving under the influence or reckless driving during the past five years.

I give permission to the Diocese of Birmingham to secure a report on my past driving record. I understand that my personal information may be transmitted to an outside company or agency to get the report.

Signature _____ Date _____

Driver License Number _____ State of Issue _____

Date of Birth _____

To host diocese/parish

When signed and stamped in color, this certifies the adults named herein have met all safe environment requirements of the Diocese of Birmingham in Alabama. For more information contact:

Office for Youth
Diocese of Birmingham
(205) 838-8301

Diocese of Birmingham in Alabama
Permit to Travel (PT-1)

Please Print Clearly

Send to: Office for Youth
PO Box 12047
Birmingham, AL 35202-2047
(205) 838-8301

Needed for travel with minors (more than 150 miles or out of state)
Schools file form FT-1 with the Superintendent of Catholic Schools

1. Please contact the diocesan safe environment coordinator if international travel is planned (205-838-8301)
2. Read the diocesan youth protection policy before planning your trip
3. Complete this form and send it to the address above
4. Allow at least 14 days for processing
5. All youth protection training dates will be verified against diocesan records

Church _____ City _____

Purpose of Trip _____

From: _____ To (City/State): _____

Dates: ___/___/___ to ___/___/___ Estimated Mileage (Round trip) _____

Cell Phone for Group While Traveling (Include Area Code) _____

Adult Leadership

★At least one adult has a first aid certificate and one adult has a CPR certificate

Adult in Charge While Gone (Group Leader) Minimum Age 21:

(stamp) Name _____ Female Male Age _____
 Home Address _____
 City _____ State _____ Zip Code _____
 Phone Number(s) –with area code- _____

Attendance at Diocese of Birmingham Youth Protection 1 ___/___/___ Youth Protection 2 ___/___/___

First Aid Certificate CPR Certificate Background Check¹

Other training/experience that has prepared this adult to supervise young people and adults while traveling: _____

Other Adults (Age 21 and Over):

Name	Age	Sex	Youth Protection 1 Date	Phone	CPR Certificate	1 st Aid Certificate	Back. Check ¹
			___/___/___		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			___/___/___		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			___/___/___		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			___/___/___		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			___/___/___		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹Parish certifies that a criminal background check has been cleared and is on file in the parish office. Background check has been approved by the Pastor and has been conducted within 3 years.

Arrangements made for Sunday Mass: _____

- First aid kit and road safety kit (jack, fire extinguisher, etc.) in each vehicle
- Group Leader will have with him/her a signed original form CH-1 for each minor and CH-2 for each person over 18
- All adults have completed "Youth Protection 1" as conducted by Department of Catholic Education and Lifelong Formation, Diocese of Birmingham. Session completion must be within 3 years of trip
- Travel will be limited to a maximum of 500 miles (or less) per day, regardless of the number of drivers. Exception: When traveling commercially
- Traffic laws and rules of the road will be enforced at all time
- Drivers will not use cell phone or other electronic device (including navigational aid) while vehicle is moving
- Tobacco use will not be permitted while in the presence of minors
- The consumption of alcohol will not be permitted for anyone (adult or youth) during the entire trip
- Swimming will take place only when properly certified lifeguards are present *and* in-charge of swimmers. Standard youth/adult ratios apply. All adults are to observe swimmers and assist supervision
- All surf-swimmers will be instructed in how to survive undertow – before they enter the water
- All beach warnings will be obeyed The current "Guide to Safe Ministry" was used for planning

Group Description

Number Age Group

_____ 8 through 10

_____ 11 through 14

_____ 15 through 17

_____ **Total Youth**

_____ Total Boys

_____ Total Girls

_____ Male Young Adults (ages 18 through 20)

_____ Female Young Adults (ages 18 through 20)

_____ Male Adults (Ages 21 and over)

_____ Female Adults (Ages 21 and over)

Group will travel by: Car

(Check all that apply) Bus

Train

Airplane

Canoe/Boat

Van

Foot

Bicycle

Other _____

Group will travel with another group with a Female or Male adult leader. This adult has met all Diocese of Birmingham rules for Youth Protection. All minors will be responsible to her/him.

Name of adult _____

Church/city _____

Phone(s) _____

High Risk Activities

Check here if no high risk activities

This trip will include the following high risk activities:

- Rafting, Canoeing, Swimming, Climbing, Rappelling, Sailing, Deep Water Activity,
- Parasailing, Beach, Skiing (snow or water), Boarding, Other _____

Precautions taken to ensure that high risk activities are as safe as possible:

Itinerary – Use extra paper if needed

Date	Departure City	Destination City	Mileage	Specific Overnight Location

Vehicle and Driver Information (Not Needed for Commercial Carriers)

Kind & Year of Vehicle	Driver	Owner	Passenger Capacity	MVR ¹
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

¹Parish has on file a copy of the driver record check (MVR)

- Check here if all travel will be by way of commercial carrier
- All vehicles are in good working condition with a functioning seatbelt for each passenger
- Passengers are never permitted to ride on or in a vehicle of any kind except in an approved seat with a seatbelt

Incomplete Forms Cannot be Accepted – Keep Photocopies of all Documents

This certifies that all information on this form is accurate and complete. All appropriate policies (including Youth Protection policies) of the Diocese of Birmingham have been observed in planning and will be enforced during the entire trip.

Group Leader Signature _____ Date _____

I give permission for travel as described above: **Pastor's Signature** _____

Print Pastor's Name _____ Phone _____ Date _____

Diocesan Endorsement: By _____ Phone _____

Signature _____ Date _____ (stamp)

04-2008

**Diocese of Birmingham in Alabama - Form AR-1
Accident Report Form**

Name of Parish: _____

Person(s) Injured: _____

Date of Accident: _____ Place of Accident: _____

Person Filing Report: _____

Time and Date of Report: _____

Description of Accident: (include time, location, and names of all people who were involved or who witnessed the accident)

Action Prescribed:

Other Comments or Information:

Signature of Person Filing Report: _____