

Seton Youth Shelters  
**H.Y.P.E.- Helping Youth Pursue Excellence**



**Youth Information:**

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

**Date:** \_\_\_\_\_

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

\_\_\_\_\_

**Home Telephone:** \_\_\_\_\_

**Youth Cell Phone:** \_\_\_\_\_

**Youth E-mail:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Current Grade:** \_\_\_\_\_

**Community interests:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list any additional involvement (past or present) with other volunteer opportunities and/or involvement in extracurricular activities at school:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Information:**

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

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

\_\_\_\_\_

**Home Telephone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

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**Consent Form**

**Youth Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian: Please read carefully before signing:**

HYPE (Helping Youth Pursue Excellence) is a youth leadership program through Seton Youth Shelters. The main goal of the program is to let the youth involved choose what community outreach opportunities are important to them. Staff is simply there to guide and assist the youth along the way. Your child has been selected to participate in HYPE because he/she has demonstrated a leadership potential. Some of the activities chosen by the youth include, but are not limited to: Special Olympics, helping the homeless, holiday support, school supply drives, animal support, etc. We appreciate you and your child's interest in him/her becoming a member of HYPE. This paperwork is intended as a means of informing and gaining the consent of the parent/guardian to allow their son/daughter to participate in the Seton Youth Shelters HYPE Program.

HYPE meets monthly in different areas within the community. Community events will occur throughout the year as deemed appropriate by HYPE members and staff. Guardians are expected to provide transportation to these events. In the event that parental involvement is not possible, staff can occasionally provide transportation as long as prior consent is given by the parent. All staff members through Seton Youth Shelters must pass a criminal background check, a Sex Offender Registry screening, a Department of Motor Vehicles screening, and a Child Protective Services screening.

Please initial each of the following:

\_\_\_\_\_ I give my informed consent and permission for my child to participate in the Seton Youth Shelters HYPE Program and its related activities.

\_\_\_\_\_ I agree to have my child follow all HYPE program guidelines and understand that any violation on my child's part may result in suspension and/or termination from the HYPE program.

\_\_\_\_\_ I hereby acknowledge that my child can be transported by Seton Youth Shelters staff or representatives while participating in the Seton Youth Shelters HYPE Program, and that such transportation is voluntary and at his/her own risk.

\_\_\_\_\_ I release the Seton Youth Shelters HYPE Program of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his/her participation in the program, including but not limited to transportation, and hold harmless any Seton Youth Shelters program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

By signing below, I agree to all the above terms and conditions.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
SYS HYPE Representative Signature

\_\_\_\_\_  
Date

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**Guidelines for HYPE**

1. HYPE is a voluntary program for youth that want to give back to their community.
2. HYPE will participate in monthly activities. Meetings will occur on an as needed basis.
3. Respect all group members and the facilitators. **It is important not to judge other group members for having feelings or experiences that are different from your own.**
4. Please be on time for events.
5. All activities will be discussed before final decisions are made. You are **not** required to participate in all community projects. **We request that participants attend with an open mind.**

**\*If you have been involved with Seton Youth Shelters in the past, please refrain from discussing any prior involvement due to confidentiality.**

I, \_\_\_\_\_, have read the guidelines and agree to abide by the guidelines of the HYPE Program.

\_\_\_\_\_  
Group Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SYS HYPE representative Signature

\_\_\_\_\_  
Date

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**Youth Confidentiality Agreement**

I, \_\_\_\_\_, as a youth member of HYPE through Seton Youth Shelters, understand that I may learn information about clients (past or present), and any other programs associated with Seton Youth Shelters or its affiliates.

I understand that this document is intended to inform me of my responsibility to obey the rules of confidentiality and of the liabilities associated with a breach of confidentiality.

I understand that any information, names, dates, facts about a person, is to be held in the strictest confidence.

I understand that the rules of confidentiality are federal and state laws intended to protect people from invasion of privacy. All staff and volunteers of Seton Youth Shelters are bound by these rules of confidentiality.

I understand that there are penalties associated with a violation of rules of confidentiality that can include:

- ◆ Immediate dismissal from program participation

I understand that by signing this document, I am promising to hold all information about clients of Seton Youth Shelters and that I will not tell anyone, even a close friend or family member, what I have learned about a person or family during my work with HYPE, a program through Seton Youth Shelters. I also understand the HYPE Coordinators are available to further discuss the limits of confidentiality.

\_\_\_\_\_  
HYPE Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SYS HYPE Representative Signature

\_\_\_\_\_  
Date

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Seton Youth Shelters H.Y.P.E. Program  
Medical History and Authorization for Emergency Medical Services

Child's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

DOB: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ lbs

Caregiver Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Date of Last Physical Exam: \_\_\_\_\_

**Mental Health Provider/Counselor:**

Name: \_\_\_\_\_ Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Dentist:** \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Current Medications:**

1.) Prescription: \_\_\_\_\_

2.) Non-Prescription: \_\_\_\_\_

**Medical & Surgical History**

**Allergies (Food, Drugs, Pets, Other):** \_\_\_\_\_

**Current Medical Problems and Diagnoses (Mental Health and/or Physical):** \_\_\_\_\_

**Past and/or Present Infectious Diseases:** \_\_\_\_\_

**General Health Review:** Indicate specific problems in the "Comment" section.

Cardiovascular	___ Yes	___ No	Neurological	___ Yes	___ No
Respiratory	___ Yes	___ No	Visual: Glasses	___ Yes	___ No
Musculoskeletal	___ Yes	___ No	Contacts	___ Yes	___ No
Skin	___ Yes	___ No	Auditory:		
Stomach/Intestinal	___ Yes	___ No	Hearing Aide	___ Yes	___ No
Genitourinary	___ Yes	___ No	Oral/Dental	___ Yes	___ No
Speech	___ Yes	___ No			

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**Special Needs/Conditions:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Family Medical History:** Parents, Grandparents, Siblings, or Children

	<b>WHO</b>	
Diabetes _____ Yes _____ No	_____	
Cancer _____ Yes _____ No	_____	
Hypertension _____ Yes _____ No	_____	
Heart Disease _____ Yes _____ No	_____	
Tuberculosis _____ Yes _____ No	_____	
Epilepsy _____ Yes _____ No	_____	
Hepatitis _____ Yes _____ No	_____	
STD _____ Yes _____ No	_____	
Kidney _____ Yes _____ No	_____	
Mental Illness _____ Yes _____ No	_____	
Substance Abuse _____ Yes _____ No	_____	Type: _____
Other _____	_____	

**Child's Sexual History**

Current Pregnancy: Y / N / Unk

**Child's Substance Abuse History:**

Substance Abuse	Date of Onset	Frequency	Amount	Last Used
Nicotine				
Alcohol				
Marijuana				
Crack/Cocaine				
Ecstasy				
LSD				
PCP				
Other:				

**Completed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorization to Initiate Emergency Medical Services**

I/We, \_\_\_\_\_, authorize Seton Youth Shelters Mentoring Program Representative to initiate Emergency Medical Services for \_\_\_\_\_ in the event I cannot be contacted.

This document is to be presented to the physician/hospital/EMS Personnel as an indication of authorization for emergency medical services. This authorization is intended to relieve physician/hospital/EMS Personnel from any liability resulting from the failure of the legal guardian from signing a consent or authorization to render such care.

It is my understanding that this form also serves to establish my consent and permission for the above named minor to participate in Seton Youth Shelters Mentor Program.

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

\_\_\_\_\_  
 Seton Youth Shelters Representative Signature Date

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**CONSENT TO USE ARTICLES/PHOTOGRAPHS/AUDIO AND/OR VIDEOTAPE**

I, \_\_\_\_\_, authorize Seton Youth Shelters to:

**Check and Initial what you grant permission to use:**

- Use my child's photograph in Seton Youth Shelters Publications, including social media, such as Facebook, Instagram, and Twitter.
- Use my child's photograph for other upcoming events.
- Use of my child's photo in Seton Youth Shelters video, scrapbook and power point presentations.
- I **do not** want my child's photograph to be used in media forums described above.

**Use of your child's name in printed, visual and/or audio presentations:**

- I agree to allow **only my child's first** name to be used in media statements described above.
- I agree to allow **my child's full name** to be used in media statements described above.
- I **do not** want my **child's name** to be used in media statements described above.

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

HYPE Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_