

**Welcome to Youth Ministry  
1<sup>st</sup> Year Confirmation  
2019-2020**

Dear Parish Families,

Welcome to San Rafael's Youth Ministry & Confirmation Program. I am excited to journey with your family and your teen towards the Sacrament of Confirmation. This is truly a special time of spiritual formation for your teen, one that I hope will strengthen your entire family.

Our **Parent and Student Orientation** will be held on **Sunday, September 15 at 6-7PM** in the **Parish Hall**. At this time we will review all requirements and expectations for Confirmation. I have included our annual medical release waiver to this packet. Please fill it out and bring with you to orientation. We will also have additional forms for you to review and sign at orientation, so please be sure to be there.

Our goal is to give our youth an experience of faith that is as fun, spirit filled, and as fruitful as possible. The difference between achieving this goal and not is based on your participation. I cannot achieve this without your help.

At this time we **do not have enough catechists & volunteers across the board, from K-12**. I ask you to greatly consider volunteering. We are looking for adults to help lead classes and small group discussions, as well as leaders to organize service projects, social events, etc. We will provide training, materials, and all lesson plans for you. You don't have to do this alone. Faith formation for our youth will not be a reality without enough volunteers, so please consider and pray about volunteering in this rewarding ministry.

If you are interested in volunteering please contact Lailani before September 3rd: [youthministry@sanrafaelparish.org](mailto:youthministry@sanrafaelparish.org).

In Christ,

*Lailani Gachalian*

Director for Middle School & High School Youth Ministry

**Website:** [www.sanrafaelyouth.org](http://www.sanrafaelyouth.org)

**Email:** [youthministry@sanrafaelparish.org](mailto:youthministry@sanrafaelparish.org)

**Instagram:** @srymyouth

**Join our Remind Group to receive important text notifications regarding Youth Ministry:**

For **1st Year Confirmation** class, text **@con2021** to the number **81010** using your mobile device

**CONFIRMATION GENERAL INFORMATION**

Confirmation preparation is a two-year process within the high school years. Teens typically begin in their freshman year of high school (although it is not unusual for teens to begin this process later as a sophomore or junior). This two-year formation process is based on the principles set forth in the National Conference of Catholic Bishops' document *Renewing the Vision: A Framework for Catholic Youth Ministry*. Our Confirmation process is not only preparation for the Sacrament of Confirmation, but also focuses on the importance of teens becoming active members of their Catholic Church Community.

**Expectations & Requirements:** *(details will be reviewed at Parent & Student Orientation):*

- Mass Attendance
- Class Attendance
- Community Service
- Retreats
  - 1<sup>st</sup> Year Retreat: October 25-27, 2019*
  - Cost: \$220 (Price not included with registration)*
  - Location: Whispering Winds, Julian CA*
- Entrance Ritual with Confirmation Sponsor
  - Sunday January 5, 2020 at the 12PM mass. Class with sponsor 1-2pm.*
- Youth Day (attend at least one within the 2 years of preparation)
  - San Diego Youth Day - Saturday, April 18, 2020*

**ANNUAL MEDICAL RELEASE— Valid September 2019 – September 2020**

**Child's Name:** \_\_\_\_\_

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes:

**In the event of an emergency, if you are unable to reach me at the provided numbers, please contact:**

Name & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**1. Emergency Medical Treatment:**

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to may further treatment by the hospital or doctor.

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

1). Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2. Other Medical Treatment:**

Please notify me if it comes to the attention of the parish, its officers, directors and agents, and the Diocese of San Diego, chaperones or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea.

2). Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**3. Current Medications:**

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 is as follows:

3). Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**4. Medications: Choose one of following options (A or B)**

**A. No medication** of any type whether prescription or nonprescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

**B. I hereby grant permission** for nonprescription medication (Such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

**Please select:**  **A**  **B**

4). Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**5. Specific Medical Information:** The parish will take reasonable care to see that the following information will be held in confidence.

|  |  |
|--|--|
| Allergic reactions (medications, foods, plants, insects, etc.):  |  |
| Immunizations: Date of last tetanus/diphtheria immunization:   |  |
| Does child have a medically prescribed diet?   |  |
| Any physical limitations?  |  |
| Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting?   |  |
| Has child recently been exposed to contagious diseases or conditions, such as mumps, measles, chickenpox, etc.? If so, please provide date and disease or condition: |  |
| You should be aware of these special medical conditions of my child:   |  |

**PHOTO/VIDEO RELEASE**

I (parent/guardian) authorize the Office for Youth Ministry at San Rafael Parish, its representatives, or volunteers, to photograph or record on audio or video (tape or digital) of above named Participant ("my child") for purposes of furthering the mission of the Youth Ministry, in this specific case, the creation of publication materials for adults who participate in Youth Ministry at San Rafael Parish. Photos, audio, or video may be used in printed materials and any other visual display or media. I understand that such photos and/or video recordings will be used for OYM related purposes and will not be used for any commercial purpose whatsoever. I therefore hereby waive any kind and all rights I may have for remuneration of any kind that could otherwise accrue for the uses of such photos and/or audio or video recordings.

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