

**YOUTH MINISTRY ACTIVITY
MEDICAL INFORMATION & LIABILITY RELEASE**

Participants Name: _____ Birth Date: _____ Gender: ___
Parent/Guardian's name(s): _____
Home phone: _____ Alternative phone: _____

Event Description: _____
Date/Time: _____ Location: _____
Transportation Information: _____
Other details: _____

I (we), _____ grant permission for our child, _____ to
(Parent or guardian's name) (Child's name)
participate in this parish/school program. This activity will take place under the guidance and direction of parish/school employees and/or volunteers from (name of parish/school) _____.
I also give my permission for my child's picture/video to be taken as a part of youth ministry activities & to be used in any promotion of parish youth activities including the website. *(Details regarding multimedia usage found on the back of this form)*
My (Our) child understands and agrees to abide by all rules and regulations established by the parish/school.

As parent(s) and/or legal guardian(s), I (we) remain legally responsible for any personal actions taken by my (our) child. In consideration for my(our) child's participation, I (we) and my (our) child, agree and understand that we assume the risks inherent in the program, and with full knowledge of the risks, we, and our heirs, successors and assigns, agree to release and to hold harmless and defend the Diocese of Allentown, Bishop John O. Barres, D.D., S.T.D., J.C.L., and all of their employees and representatives from claims from or related to my (our) child's participation, or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I (we) agree to compensate the Diocese for reasonable attorney's fees and expenses incurred by the Diocese in any action brought against the Diocese as a result of such injury or damage, unless such claim arises from the negligence of the Diocese.

MEDICAL MATTERS

I (we) hereby warrant that to the best of my (our) knowledge, my (our) child is in good health, and I (we) assume all responsibility for the health of my child. I (we) also hereby grant permission for non-prescription medication (such as ibuprofen, throat lozenges, cough syrup) to be given to my (our) child, if deemed appropriate.

Emergency Medical Treatment: In the event of an emergency, I (we) hereby give permission to transport my (our) child to a hospital for emergency medical or surgical treatment. I (we) wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me (us) and the above numbers, contact:

Name & Relationship: _____ Phone: _____
Family Doctor: _____ Phone: _____

Medical Insurance Health Plan Carrier: _____
Group #: _____ I.D.#: _____

If your child is taking any medications or has and specific medical needs that should be brought to our attention (allergies, immunizations, dietary needs, physical limitations, exposure to contagious diseases (mumps, measles, etc.) please let us know by using the back of this form.

We have read carefully this entire Parental/Guardian Permission Form & Release and agree to its terms and intend to be bound hereby:

Participants signature: _____ Date: _____
Parent/Guardian signature: _____ Date: _____
Parent/Guardian signature: _____ Date: _____

MEDICAL MATTERS (CONT.)

Medications: My (our) child is taking medication at present. My (our) child will bring all such necessary medications, 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:

Specific Medical Information: The parish/school should be aware of the following medical conditions. (The parish/school 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?:

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, date and disease or condition:

Other concerns (academic, physical, behavioral, intellectual, etc):

MULTIMEDIA USAGE

By signing these permission forms I/ we, hereby consent to the use of any video tapes, photographs, slides, audio tapes or any other audio or visual reproduction in which the above named individual may appear by the SCHOOL/PARISH running the trip and the Diocese of Allentown. I understand that these materials may be used for the promotional purposes including recruitment and fund-raising efforts or general publication. Promotion may include but is not limited to slide presentations, photo displays, Internet promotions, electronic multi-media or billboard display.

I agree that the photograph/ image shall be free for use and release the SCHOOL/ PARISH and the Diocese of Allentown, its employees, volunteers and agents for any liability connected with the use of said photograph or image.