

Participant's Name: _____

Medical Matters:

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.

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 any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: _____

Relationship: _____ Phone: _____

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Parent/Guardian Signature: _____ Date: _____

Specific Medical Information: (The organization 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 disease or conditions, such as mumps, measles, chickenpox, etc. _____.

If so, date and disease or condition: _____

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

Photograph and Video Consent: From time to time, pictures and video may be taken of youth ministry/parish/school events and gatherings. We would like to be able to use these photographs and videos for flyers, parish and diocesan publications, and the ministry website. Written consent of both the student and the parent/guardian is required. Names will not be posted unless written authorization is given by the student and parent/guardian, and then only first names will be used. If there are concerns about pictures or videos posted on the website, please contact the organization or webmaster, and they will promptly be removed.

I, the parent/guardian of this youth _____ (name) authorize and give full consent, without limitation or reservation, to _____ (organization) to publish any photograph or video in which the above named student appears while participating in any program associated with _____ (organization). There will be no compensation for use of any photograph or video at the time of publication or in the future.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____