

ST. JOAN OF ARC PARISH YOUTH PERMISSON AND MEDICAL RELEASE FORM

EVENT: St. Joan of Arc Summer Camps **DATES:** Boys - July 16-21, 2017 / Girls - July 23-28, 2017

PLEASE PRINT

Youth's Name _____

Home Parish _____

Mother or Legal Guardian (circle one) Full Name _____

Father or Legal Guardian (circle one) Full Name _____

Address _____

Date of Birth ____/____/____

Male

Female

I, THE PARENT (GUARDIAN) OF THE ABOVE-NAMED CHILD, HEREBY, GIVE MY PERMISSION FOR HIS/HER PARTICIPATION IN THE YOUTH ACTIVITY NAMED ABOVE. I AGREE TO DIRECT MY CHILD TO COOPERATE AND CONFORM TO DIRECTIONS AND INSTRUCTIONS OF PARISH, SCHOOL AND DIOCESAN PERSONNEL RESPONSIBLE FOR THIS ACTIVITY.

I agree that in the event my child is injured as a result of his/her participation in the above named activity, including organized transportation to and from this activity, whether or not caused by the negligence (active or passive) of the parish/school or diocesan youth activity program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, or related costs will first be paid by parent or guardian insurance or any available benefit plan of parent or guardian. I am not aware of any medical condition of my child, which would render it inappropriate for him/her to participate in any activity.

I, hereby, give permission to the personnel selected by the youth activity supervisory personnel present, should parent/guardian not be available for permission or consultation, to render medical treatment deemed necessary and appropriate.

I understand that during the activity my child may be transported to and from the activity site via personal vehicle. Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced periodically by the Diocese of Boise, Office of Catechesis or local parishes. (Participants would not be identified without specific written consent.) Parents/guardians who do not wish their child to be photographed or filmed should so notify the Parish/Diocesan Office of Catechesis in writing. Please note that the Office of Catechesis has no control over the use of photographs or film taken by media that may be covering the event in which your child participates.

MEDICAL HISTORY & INFORMATION

Allergies / Food Restrictions _____

Date of Last Tetanus Shot (Month/Year) ____/____

Physical Impairments/Limitations, if any _____

Other Health Issues to be Aware of (Illness, etc.) _____

ST. JOAN OF ARC PARISH YOUTH PERMISSON AND MEDICAL RELEASE FORM (CONT.)

Please check if this applies.

I am covered by hospitalization and medical insurance.

Policy #: _____ Issued by: _____

The Subscriber's Name is _____

MEDICAL TREATMENT PREFERENCES

Medications:

My child will be taking the following medications during this event. My child will bring all such medications necessary, and medications will be well-labeled with the child's name and directions including dosage and frequency. The medications are: _____

I hereby grant permission to any staff person to provide the following over-the-counter drugs to my son/daughter if requested by my son/daughter (Check all that apply):

Tylenol Benadryl Advil Sudafed Midol Neosporin Imodium
Antacids Other: _____

I hereby grant permission to any staff to provide any, and all life saving measures up to and including the administration of Epinephrine by auto injector for rare life threatening Asthma or Severe Allergic Reactions (i.e. Bee Stings and Food Allergies.) _____

Initial

Mother/Guardian's

Home Phone Number _____

Work Phone Number _____

Cell Phone Number _____

Father/Guardian's

Home Phone Number _____

Work Phone Number _____

Cell Phone Number _____

Non-Parental Emergency Contact:

Name _____ Phone _____

I acknowledge that if any information changes I will notify the parish.

Parent/Guardian Signature _____ **Date:** _____