DIOCESE OF DAVENPORT YOUTH REGISTRATION, LIABILITY WAIVER, MEDICAL CONSENT FORM 6

Participant's Name: _____ Date of Birth: _____ Grade ____ Gender _____ T-Shirt Size _____
Parish/School & City/Town: _____
Parent/Guardian: _____ Home Phone *(include area code)*: _____
Address: _____ Work Phone *(include area code)*: _____
City/State/Zip: _____ Cell Phone *(include area code)*: _____

Emergency Contact: _____ Relationship to Participant: _____ Phone *(include area code)*: _____

Insurance Information: Insurance Company: _____ Plan #: _____

Member ID: _____ Group Number: _____ Policy Holder: _____

Health Information: Please check any illnesses, allergies or medication reactions you've had.

- ☐ Ear infections ☐ Hay fever ☐ Rheumatic fever ☐ Chicken pox ☐ Poison ivy
- ☐ Diabetes ☐ Measles ☐ Insects ☐ Convulsions ☐ German measles
- ☐ Mumps ☐ Asthma ☐ Penicillin ☐ Other medications ☐ Behavioral problems
- ☐ Other: _____

Health problems to be aware of: _____

If needed, my child may be given (check each approved): ☐ ASPIRIN ☐ ACETOMINAPHEN ☐ IBUPROFEN ☐ BENEDRYL

Special Conditions: Please check all that apply:

- ☐ Wheelchair Access needed ☐ Hearing Impaired ☐ Visually Impaired (beyond glasses/contacts) ☐ Mobility Impaired
- ☐ Dietary Restrictions (please specify): _____
- ☐ Activity restrictions: _____

Medications*:* My child is taking medication. 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, are as follows:

_____
_____
_____

Statement of Permission, Release & Liability Waiver: *I (parent/guardian's named above) grant permission for my child (participant named above) to participate in the Diocese of Davenport's Junior High Rally on April 10, 2016, at Regina Education Center in Iowa City. This activity will take place under the guidance and direction of employees/volunteers from the Diocese of Davenport and employees/volunteers from my parish/school named above. I also understand that my child's participation requires transportation to/from the event site that is arranged by my parish/school leaders.*

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). For value received, I agree to hold harmless and defend the Diocese of Davenport, its employees and agents, chaperones, or representatives associated with the event, and my parish/school named above, its officers, directors, employees and agents, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese of Davenport, its employees and agents and chaperones, or representatives, or my parish/school named above, its officers, directors and agents, and representatives associated with the event, for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage.

In the event of an emergency, I hereby give permission to the adults supervising this activity to secure proper and adequate treatment for my child named above, including hospitalization, injection, anesthesia or surgery. I accept responsibility for all medical/surgical treatment charges which may be incurred.

Photo Release: **:** *I hereby grant permission for photographs taken of my child at this event to appear on one or more of the communication media of the Diocese of Davenport (e.g., The Messenger, diocesan websites or social media) or of my parish/school. I understand that these images will be used only in relation to these publications and this event. Any other use of said images will require my full written consent.* (NOTE: If you do not grant permission, you must indicate such in a written letter to the Diocesan Coordinator of Youth Ministry, 780 West Central Park Ave., Davenport, IA 52804. This written notification must arrive at stated address no less than 5 business days prior to the event date.)

Parent/Guardian signature: _____ Date: _____