

**CATHOLICS IN ACTION YOUTH PERMISSION, MEDICAL, LIABILITY WAIVER FORM**

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ 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
- Any other: \_\_\_\_\_

Any other health problems or comments on above info: \_\_\_\_\_

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 Catholics In Action program on June 26-28, 2016, at Holy Trinity Jr./Sr. High School in Ft. Madison, IA. 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 mediums 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: \_\_\_\_\_