

GENERAL YOUTH INFORMATION

Participant Information:

Name of Participant: _____

Gender: _____ Date of Birth: _____ Grade: _____

Name of Parent/Guardian: _____

Home: _____ Mobile: _____ Work: _____

Contacts in case of emergency, illness, or injury:

Name: _____ Relationship: _____

Home: _____ Mobile: _____ Work: _____

Name: _____ Relationship: _____

Home: _____ Mobile: _____ Work: _____

Consent for Disclosure to Individual Involved in the Care and Treatment of Participant:
I/We grant to the Diocese/Parish/School/Organization and its agents the following powers, to be used for the benefit of and on behalf of Participant (check all that apply):

to receive any and all individually identifiable health information about the past, present and future medical condition of Participant, including, but not limited to, information necessary to the care and treatment of Participant and any illness or injury Participant may have sustained;

to authorize medical care for Participant, including, but not limited to, any and all treatment, examination, diagnosis or outpatient medical care rendered under the general or special supervision of and on the advice of any physician or surgeon licensed to practice medicine by the applicable licensing body in the state in which physician or surgeon practices.

I/We understand that the Diocese/Parish/School/Organization will not be liable to me/us or any or my/our successors in interest for any action taken or not taken in good faith.

I/We consent to the logistics and conditions described above, including the method of transportation.

I/We understand that as parent(s) or legal guardian(s) I/we may be responsible for any liability which may result from the conduct of Participant at or during the Event.

I/We understand that there is a risk of injury involved in any Youth Ministry activity.

I/We hereby release the Diocese of Kansas City-St. Joseph, and its officers, agents, employees and volunteers, from any liability arising from claims of any kind or nature whatsoever in connection with Participant's participation in the Event.

Signature of Parent/Guardian

Date

Medication(s) my child is taking/medical conditions the Youth Ministry Team should be aware of with my child include:

This form is valid from 1 November 2015 – 31 October 2016. At that time a new permission form must be submitted.