

## Medical Release Form (2017-2018)

Youth Name	(Please print NEATLY)
Grade (Fall 2017)	Grade _____ School Attending _____
Home Address, City, Zip	
Home Phone	
Parent/Guardian Names	
Parent Work Ph. (Emergency Only)	
Parent Cell Phone (Emergency Only)	
Youth Cell Phone (Emergency Only)	
Youth Email	Email Address _____
Parent Email	Email Address _____
Emergency Contact and #	

**Liability Release:** I, the undersigned, individually, on behalf of the minor child's other parent/guardian and on behalf of the child listed above, acknowledge that participation in activities and travel off of the church property involve certain risks. I, on my own behalf, hereby release, discharge and indemnify All Saints Catholic Church, its employees, agents, and all volunteer personnel from all liabilities for damage, injury, or illness to the minor child or his/her property during his/her participation in any activity or travel to or from any activity away from or off of church property. I understand that any activity requiring transportation from church property in any situation other than emergency will require a signed release for each activity.

I agree that my child has permission to be photographed for parish and diocesan events and published in parish/diocesan publications.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Printed Name \_\_\_\_\_

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### Code of Conduct

1. The use of drugs, tobacco, alcohol, fireworks, matches, lighter, or items that endanger people or property are strictly forbidden.
2. Clothing must be appropriate (Please remember we are at church).
3. Language and behavior should exemplify Christian values.
4. You are expected to respect the rights and property of others.
5. No participants are allowed to leave the premises (defined as the area which the activity is taking place) without the express permission or the coordinator or teacher.
6. Each participant is expected to participate in ALL activities of each event.
7. CELL PHONES are only permitted to be used before and after activities. If a cell phone becomes distracting to an activity or event, it may be confiscated by any youth minister, program coordinator, or adult volunteer for the remainder of the event. A parent will have to come pick up any confiscated cell phone during church office hours.

I agree that my child is expected to abide by all rules and regulations as outlined in the code of conduct. I agree that if my child fails to abide by this code or engages in any infraction that is deemed by the coordinator to be inappropriate, he/she will be dismissed from this activity and sent home at my expense with no right of reimbursement.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read the forgoing and understand the Code of Conduct for participants and I will abide by them. In addition, I will abide by all directs given me by the coordinators, adult chaperones and teachers; unless they are morally, physically or emotionally dangerous to me. In such a case, I will seek out another adult for advice. I understand and agree that my parents or guardians will be notified at the time of any infraction requiring my dismissal from this event and That I will be sent home at the expense of my parent or guardian. I also understand that being in possession of any tobacco products, alcoholic beverages or drugs is cause for automatic dismissal from any event and a parent will have to come and pick up child regardless of time or distance.

Youth Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE CONTINUE TO BACK OF PAGE**

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## ALL SAINTS CATHOLIC CHURCH PERMANENT MEDICAL FORM, LIABILITY WAIVER AND CODE OF CONDUCT (2017-2018)

**\*Note: This form will remain on file for the entire year. If you have changes in medical information, it is your responsibility to contact Annie Nassis with changes.**

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Attached is a youth code of conduct. I \_\_\_\_\_ (name of parent or guardian) understand that a certain code of conduct is expected of all youth and adults attending any parish-sponsored function. By signing below, I state that my child has read, signed and has full understanding of the code of conduct. I understand that any violation of the code of conduct by any youth is grounds for dismissal from the activity. If a youth is in violation of the code of conduct, I understand that I will be contacted by telephone regardless of the time of day or evening to be informed about the incident. I also understand that all arrangements and costs for transportation home will be the responsibility of the parent or guardian.

Parent Signature \_\_\_\_\_  
Parent Printed Name \_\_\_\_\_ Date \_\_\_\_\_

### MEDICAL MATTERS

I hereby warrant that to the best of my knowledge, my child is in good health. I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes:

### EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby give permission to transport my child to the 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 number or at my business. BUSINESS PHONE: \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Please contact: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone # \_\_\_\_\_ Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

### OTHER MEDICAL TREATMENT

In the event it becomes to the attention of the Parish agents, chaperones or representatives associated with this event that my child becomes ill with symptoms such as vomiting, fever, diarrhea, etc I want to be called.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

My child is taking medications at present. 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 the medications, including dosage and frequency are as follows:

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

A. I hereby grant permission for non-prescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

B. No medication of any type whether prescription or non-prescription may be administered to my child unless the situation is life threatening and emergency treatment is required.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Dietary Needs or Allergies? \_\_\_\_\_

Physical Limitations? \_\_\_\_\_

Special Medical Conditions? \_\_\_\_\_

Other Info that we need to know? \_\_\_\_\_

PLEASE  
SIGN  
Item A  
OR B  
BELOW:

**PLEASE CONTINUE TO BACK OF PAGE**