

WAIVER, RELEASE, AND MEDICAL INFORMATION

CATHOLIC DIOCESE OF EVANSVILLE

Youth's Name _____ Age _____ Grade _____

School/Church _____ City _____

Event _____

Date(s) of Event _____

I/We, the parents(s) of the above-named youth, hereby give my/our approval for his/her participation in the above event. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the event. I/We do further hereby waive, release, absolve, indemnify and hold harmless the Bishop of the Catholic Diocese of Evansville,

_____ Parish, _____ Pastor and any of their respective affiliates, successors, agents, employees, members, and representatives, adult sponsors, and other volunteers involved in the activities and transportation associated with the event from any and all claims, including claims of personal injury to my/our youth or property damage, under any theory of law (including negligence, but not reckless or intentional conduct) in any way resulting from or arising in connection with the activities and/or transportation to and from the event.

Father's SignatureX _____ Date _____

Mother's SignatureX _____ Date _____

{Guardian's SignatureX _____ Date _____

EMERGENCY INFORMATION

Family Name _____

Address _____ City _____ ST _____ Zip _____

Phone _____

Contact Father at _____ Phone _____

Contact Mother at _____ Phone _____

Contact Guardian at _____ Phone _____

If Guardian cannot be reached, call:

Name _____ Phone _____

Name _____ Phone _____

Family Physician _____ Phone _____

Hospital Preference _____

-Is there anyone who by court order or decree is designated as the primary or sole custodial parent?

NAME anyone who has been restrained from picking up the child? _____

I understand it is my responsibility to keep the youth minister informed about such matters and to provide copies of relevant court orders and decrees to officials.

MEDICAL INFORMATION:

List any chronic or existing disease or medical problems (e.g. diabetes, epilepsy)

List any instructions for care of the above if it becomes necessary at school:

List any medications your child is taking on a regular basis: (SEE BELOW)

In case of accident or serious illness I request the Youth Minister to contact me. If I cannot be reached, I hereby authorize the Youth Minister to make whatever arrangements the circumstances allow. It is understood and agreed that neither the Parish, Youth Minister, nor the Catholic Diocese of Evansville is the insurer of my child's health and safety while he/she is at youth functions or engaged in supervised activities, including sports. I understand it to be my obligation to provide such insurance as I may desire to purchase to protect myself and my child against the costs of sickness or injury.

If the above named child needs emergency medical treatment, and neither a parent nor the designated family physician can be contacted, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.

Father or Guardian's Signature X _____ Date _____

Mother or Guardian's Signature X _____ Date _____

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION BY AUTHORIZED PERSONNEL

I HEREBY AUTHORIZE PERSONNEL TO ADMINISTER MEDICATION AS INDICATED TO:

Name _____ Grade _____ Youth

Minster _____

Rx Number _____ Name of Medication _____

Directions: _____

Doctor _____ Phone _____ Pharmacy _____

Time medication is given at home:

Time medication is to be given at the event:

I UNDERSTAND THAT MY SIGNATURE RELIEVES THE PARISH PERSONNEL OF ANY AND ALL LIABILITY RELATED TO THE ADMINISTRATION OF THE PRESCRIBED MEDICATION.

Signature of Parent/Guardian X _____ Date _____

Phone number where you may be reached during event: _____