DIOCESE OF ALLENTOWN – YOUTH MINISTRY ACTIVITY LIABILITY RELEASE & MEDICAL INFORMATION

Participants Name:	Birth Date:	Gender:
Parent/Guardian's name(s):		
	ative phone:	
Event Description: Confirming Faithful Families		
• ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	: Bethlehem Catholic H.S.; Bethl	ehem, PA
Transportation Information:		
Other details:		
I (we) grant permission for our ch	aild	to
I (we), grant permission for our charge (Parent or guardian's name)	(Child's name)	10
participate in this parish/school program. This activity will	take place under the guidance an	d direction of
parish/school employees and/or volunteers from (name of p I also give my permission for my child's picture/video to be used in any promotion of parish youth activities including the found on the back of this form)	e taken as a part of youth ministry ne website. (Details regarding m	activities & to be sultimedia usage
My (Our) child understands and agrees to abide by all rules	and regulations established by th	e parish/school.
As parent(s) and/or legal guardian(s), I (we) remain legally responsible to the consideration for my(our) child's participation, I (we) and my risks inherent in the program, and with full knowledge of the risk release and to hold harmless and defend the	(our) child, agree and understand that is, we, and our heirs, successors andCharitable Trust (school or bective charitable trusts, and the response entities, including chaperones, volumetely and collectively referred to as an ection with any illness or injury (in ee to compensate the Diocese for reasons).	at we assume the l assigns, agree to r parish name), The pective members, lunteers or any other is the Diocese) from including death) or asonable attorney's
MEDICAL MA	ATTERS	
I (we) hereby warrant that to the best of my (our) knowledg assume all responsibility for the health of my child. I (we) medication (such as ibuprofen, throat lozenges, cough syrup appropriate.	also hereby grant permission for a	non-prescription
Emergency Medical Treatment: In the event of an emerge (our) child to a hospital for emergency medical or surgical to further treatment by the hospital or doctor. In the event of a the above numbers, contact:	reatment. I (we) wish to be advis	sed prior to any
Name & Relationship:	Phone:	
Family Doctor:	Phone:	
Medical Insurance Health Plan Carrier:		
Crown #	ID#.	

If your child is taking any medications or has and specific medical needs that should be brought to our attention (allergies, immunizations, dietary needs, physical limitations, exposure to contagious diseases (mumps, measles, etc.) please let us know by using the back of this form.

Form continued on the next page, signature required

MEDICAL MATTERS (CONT.)

Medications: My (our) child is taking medication at present. My (our) child will bring all such necessary medications, 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:

Specific Medical Information: The parish/school should be aware of the following medical conditions. (The parish/school will take reasonable care to see that the following information will be held in confidence.)		
Allergic reactions (medications, foods, plants, insects, etc.):		
Immunizations: (Date of last tetanus/diphtheria immunization):		
Does child have a medically prescribed diet?:		
Any physical limitations?:		
Has child recently been exposed to contagious disease or condition:	ons, such as mumps, measles, chicken pox,	
Other concerns (academic, physical, behavioral, intellectual, etc)	:	
MULTIMEDIA USA	AGE	
By signing these permission forms I/ we, hereby consent to the u audio tapes or any other audio or visual reproduction in which th SCHOOL/PARISH running the trip and the Diocese of Allentow used for the promotional purposes including recruitment and functional purposes including recruitment and functional purposes include but is not limited to slide promotions, electronic multi-media or billboard display. I agree to and release the SCHOOL/PARISH and the Diocese of Allentown liability connected with the use of said photograph or image.	e above named individual may appear by the m. I understand that these materials may be d-raising efforts or general resentations, photo displays, Internet that the photograph/ image shall be free for use n, its employees, volunteers and agents for any	
We have read carefully this Youth Ministry Liability Release & Medical to be bound hereby:	Information Form and agree to its terms and intend	
Participants signature:	Date:	
Parent/Guardian signature:	Date:	
Parent/Guardian signature	Date	