



**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:

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**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.):

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Immunizations: (Date of last tetanus/diphtheria immunization):

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Does child have a medically prescribed diet?:

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Any physical limitations?:

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Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, date and disease or condition:

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Other concerns (academic, physical, behavioral, intellectual, etc):

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**MULTIMEDIA USAGE**

By signing these permission forms I/ we, hereby consent to the use of any video tapes, photographs, slides, audio tapes or any other audio or visual reproduction in which the above named individual may appear by the SCHOOL/PARISH running the trip and the Diocese of Allentown. I understand that these materials may be used for the promotional purposes including recruitment and fund-raising efforts or general publication. Promotion may include but is not limited to slide presentations, photo displays, Internet promotions, electronic multi-media or billboard display. I agree that the photograph/ image shall be free for use and release the SCHOOL/PARISH and the Diocese of Allentown, its employees, volunteers and agents for any liability connected with the use of said photograph or image.

**We have read carefully this Youth Ministry Liability Release & Medical Information Form and agree to its terms and intend to be bound hereby:**

Participants signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_