

INSERT PARISH NAME HERE

CONSENT FORM/MEDICAL FORM/REGISTRATION FORM

**TO BE COMPLETED FOR ALL PARTICIPANTS/CHAPERONES and SIGNED BY A PARENT OR GUARDIAN
IF PARTICIPANT IS STILL IN HIGH SCHOOL.**

Participant Name: _____ **Birth date:** ___/___/___ **Age:** _____
Last First Middle Initial

Address: _____
Street City State Zip

E-Mail: _____ **Cell Phone:** (____) _____ - _____

Name to be used on name tag: _____ **T-Shirt Size** _____

Status Options: Please check **ALL** that apply and indicate type or title where appropriate.

- | | | |
|---------------------------------|---|---|
| <input type="checkbox"/> Female | <input type="checkbox"/> Youth | <input type="checkbox"/> Priest or religious _____ |
| <input type="checkbox"/> Male | <input type="checkbox"/> Young Adult (18 and high school graduate) | <input type="checkbox"/> Medical Professional _____ |
| | <input type="checkbox"/> Adult Chaperone (must be at least 21) | <input type="checkbox"/> Church employee _____ |

Parish: _____
Name City

Group Coordinator: _____ **Mode of Transportation:** _____

Event Name: _____ **Event Dates:** _____

Primary Emergency Contact: _____ **Relation:** _____

Parent/Guardian if participant is under 18 Last First

Address: _____
Street City State Zip

Phone: (____) _____ - _____ (____) _____ - _____ (____) _____ - _____
Home Cell Work

E-mail: _____

Secondary Emergency Contact: _____ **Relation:** _____

Last First

Address: _____
Street City State Zip

Phone: (____) _____ - _____ (____) _____ - _____ (____) _____ - _____
Home Cell Work

Allergic Reactions / Dietary Restrictions: (medications, food, insects, etc)

Current Prescription Medications: (name, dosage, frequency) _____

Special medical conditions: ___ No ___ Yes (Please describe)

Access Needs: (Please check appropriate boxes and/or explain special needs or concerns.)

- | | |
|--|--|
| <input type="checkbox"/> Wheelchair access | <input type="checkbox"/> Hearing impaired |
| <input type="checkbox"/> Mobility impaired | <input type="checkbox"/> Visually impaired |
| <input type="checkbox"/> Other _____ | |

Are there any medications that should NOT be administered to this participant? (allergies, interactions etc.)

If participant is under 18

I hereby grant permission for nonprescription medication (such as acetaminophen, ibuprofen, throat lozenges, cough syrup etc.) to be given my child if deemed advisable.

_____/_____/_____
Signature of participant or parent/legal guardian if participant is under 18 Date

Primary Care Physician: _____ **Phone:** (_____) _____ - _____

Primary Insurance Company: _____ **Policy #** _____

Group # _____

I understand and have been informed that taking part in this youth event involves the risk of injury, and that participation is voluntary. I understand that the program will have competent adult supervision and reasonable and appropriate measures will be made to minimize the risk of injury and/or accident for all participants.

I hereby consent and authorize any staff members and/or adult volunteers under whose auspices the program for which my child or myself is being conducted, to secure emergency medical care or treatment that may be necessary for my self/child during the entire event. This consent and authority includes, but is not limited to, the ability to apply for admission to any health care facility, to arrange for and consent to health care procedures, and to arrange for any necessary transportation. This consent and authorization also includes the right to request, review and receive any oral or written information regarding my or my child's physical or mental health including medical and hospital records and including the authority to execute any releases that may be necessary to obtain this information. Furthermore, I release and hold harmless any said staff member and/or adult volunteer from any liability as a result of that staff member or adult volunteer who acting in good faith is placed in a position of making decisions required for emergency care or medical treatment for my self/child. In case of an accident, injury or loss, neither my family nor I will hold the Diocese, the parish, nor any person or affiliate organization associated with the event, responsible or liable.

I am hereby advised that photographs or video of participants may be taken during this youth event and used in publications, websites or other materials produced from time to time by **(Insert Parish Name Here)** or the Diocese of Harrisburg. (Participants would not be identified, however, without specific written consent.) I understand that if I do not wish to have photographs or video used for such publications that I must provide written notification to **(Insert Parish Name Here)**. I understand that **(Insert Parish Name Here)** has no control over the use of photographs or video taken by media that may be covering the event.

I am signing this consent and waiver with the understanding that at the time this trip is being planned, the country is at an elevated risk for terrorist attack. This designation and permission for the trip could change at any time.

I hereby acknowledge that the above information is true and accurate. By signing below I grant consent for _____ to participate in this youth event.

In signing this document, I, _____ as a participant in a Diocesan youth event, understand and agree to abide by the NCYC Code of Conduct (Adult/Youth).

I, _____ as the parent/legal guardian of this youth participant have reviewed the Code of Conduct with my child.

I/We also acknowledge that if I/he/she has to return home early for discipline violations, it will be at my/our own expense.

_____/_____/_____
Participant Signature Date

_____/_____/_____
Parent/ Guardian Signature (if participant is under 18) Date