

Youth Permission, Liability Waiver and Health Form

Diocese of Davenport

NCYC (National Catholic Youth Conference)

November 8-11, 2007 in Columbus, Ohio

Name: _____ Date of Birth _____ (mm/dd/yy)

Street Address _____

City, State and ZIP _____ Sex: M F

Is this participant in general good health and able to participate in general activities? Yes _____ No _____

If not, please indicate special circumstances and situations here: _____

Date of most recent physical examination by licensed medical doctor. Date _____

Name of family physician or clinic _____

Street Address _____ Phone _____

City, State, and ZIP _____

Are all immunizations up to date: Yes _____ No _____ Date of last tetanus booster _____

Medications: If your child is presently taking any medications please list them and provide directions for frequency and dosage _____

If your child will be bringing any over the counter medications, please list them _____

Please list any special dietary needs for your child if any _____

Has participant had any operations or serious injury? (Please list and date): _____

Does your child have any medical limitations or needs? Please describe. _____

Does your child have any other limitations or needs (learning styles, family situations, custody arrangements, etc)? If yes, please describe. _____

PLEASE NOTE THAT THREE SIGNATURES ARE REQUIRED ON THIS PAGE

In signing this health form, I hereby certify that the above information is correct and give permission for the release of medical records to an attending physician in case of illness. I understand that information on this form will be kept confidential to the extent possible but that it will be shared with other adult chaperones from the parish and diocesan personnel if needed for the benefit of my child.

In case of medical emergency, I understand that every effort will be made to contact parent(s) or guardian(s) of participants. In the event that I cannot be reached, I hereby give permission to the health care provider selected by the diocese or parish leaders to hospitalize and to secure proper diagnosis and treatment including but not limited to injection, anesthesia or surgery for my child, as named herein. I accept responsibility for all medical/surgical treatment charges, which may be incurred. I hereby give permission to health officials to release medical information to the adult chaperone as needed for the health and safety of my child.

I understand that my child will be transported to Columbus by bus and while in Columbus they will be transported to and from the hotel by bus. I further understand that while at NCYC and during travel to and from Columbus, my child will be under the supervision of parish personnel and volunteers.

During the NCYC, I give my permission to the Diocese of Davenport and the parish to take photographs and video of my child to be used for future promotional items (if you wish to withhold photo/video permission, contact diocesan youth ministry coordinator at (563) 324-1911).

#1 Signature of Parent/Guardian _____ **Date** _____

Full address: _____
Street city state ZIP

Phone # you may reach me at during NCYC (Day) _____

(Evening) _____ (Please be sure phone numbers are legible).

Relative/friend to contact in case you can not reach me _____ Phone _____

Health Insurance Company _____

Health Insurance Policy # _____

A photocopy of the Primary Health Insurance card must be submitted with this form.

I request that my child _____ be allowed to participate in, and be transported to and from, the National Catholic Youth conference, November 8-11, 2007 in Columbus, Ohio. I hereby release and indemnify the Diocese of Davenport, its staff and volunteers and my parish, its staff and volunteers from any liability arising from claims of any kind or nature whatsoever from my child's participation in this program.

#2 Signature of Parent/Guardian _____ **Date** _____

#3 (sign ONE of TWO options in box)

My child may be given over-the counter medication (such as Tylenol, Tums, Advil, Pepto-Bismol).

Signature _____ Date _____

NO medication of any type may be given to my child unless the situation is life threatening and emergency treatment is required

Signature _____ Date _____