



TEC HEALTH & MEDICAL RELEASE FORM

Information on this form will be kept confidential except, when necessary, to share with select adult TEC team leaders so they may better care for your child.

Participant's name _____

Address (include zip) _____

Phone _____ Date of Birth _____

| | |
|--------------------|--|
| Father/guardian | |
| Best phone to call | |
| Address/City/Zip | |
| Mother/guardian | |
| Best phone to call | |
| Address/City/Zip | |

Local relative or contact, if parents/guardians can't be reached:

| | | | |
|---------|--|--------------|--|
| Name | | Relationship | |
| Address | | Phone | |

Insurance information (please include a copy of your insurance card)

| | |
|--------------------|----------|
| Insurance Company: | Policy#: |
|--------------------|----------|

Health Information

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|---|
| Illnesses, surgeries, injuries: |
| Allergies, diet, physical restrictions, or pertinent behavioral concerns: |
| Medications: |
| (send ample quantities of meds for weekend in clearly marked container, with note explaining dosages, schedule) |
| My child may be given if needed (circle each approved) ASPIRIN TYLENOL ADVIL |

Acknowledgment and Release from Liability

By signing below, I acknowledge the following:

- That the information provided on this form is complete and accurate, and that the young person named above has permission to engage in all planned TEC activities, except as noted by me or a physician.
- That I am responsible for transporting my child to/from TEC; my child will not be allowed to drive at TEC.
- In the event of an emergence, I hereby give permission to the physician selected by the director of TEC to secure proper and adequate treatment, including hospitalization, routine procedures, and surgery. I accept responsibility for all medical/surgical treatment charges which may be incurred.
- As parent/legal guardian, I remain fully responsible for legal responsibilities for actions taken by my child.
- I hereby hold harmless Bishop Hayes School, Muscatine, the Diocese of Davenport, its officers, directors and agents, and all employees and chaperones associated with this event.
- I understand that while at TEC, my child will be supervised by trained adults from the Diocese of Davenport. I have made my son or daughter aware that he/she is to follow all instructions from adults associated with the TEC Team, and if that he/she is unable to comply with their instructions, he/she will not be allowed to remain at the retreat.
- Pictures of my child taken during the event may be used in print or electronic media for the purposes of publicity for future events, unless I indicate to the retreat director in writing to the contrary.

Signature or Parent or Guardian _____ Date _____