

**Diocese of Davenport High School Youth Rally  
Oct. 28, 2007 ~ Coralville Marriott Convention Center  
Parent Permission and Health/Medical Release Form**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(If under 18)

Cell Phone: \_\_\_\_\_ Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

In case of emergency on Oct. 28, please supply the name and phone of an adult to notify if you can't be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Information

Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Policyholder: \_\_\_\_\_ Policy No. \_\_\_\_\_

*Please attach a copy of your insurance card, if possible.*

Health Information

Please circle any illnesses, allergies, or medication reactions you have experienced and give approximate dates.

Ear infections	hay fever	rheumatic fever
chicken pox	poison ivy	diabetes
measles	insects	convulsions
German measles	mumps	asthma
penicillin	other medications	behavioral problems
any other:		

Immunizations:

(Please list dates as accurately as possible)

DTP Series Booster

Tetanus Booster

Polio OPV Booster

TB Test

Operations or serious injuries (include dates):

Chronic or recurring illness:

Any other health problems or comments regarding anything listed above.

Any activity or dietary restrictions (IF YOU NEED SPECIAL FOODS, PLEASE ALERT PARISH LEADER):

If needed, my child may be given (circle each approved): ASPIRIN    ACETOMINAPHIN    IBUPROFEN

If you would like your child to participate in this event, please complete, sign and return this statement of consent. As parent, or legal guardian, you remain fully responsible for any legal responsibility that may result from any personal actions taken by the named student. **Participating adults must fill out the medical form (reverse) and sign below.**

### Statement of Consent

Your child or legal dependent is eligible to participate in an activity at a location away from the school/parish site. This activity will take place under the supervision of \_\_\_\_\_ Parish/School. A brief description follows:

Activity: \_\_\_\_\_ 2007 Diocesan Youth Rally \_\_\_\_\_

Purpose: \_\_\_\_\_ Faith formation/fellowship/fun \_\_\_\_\_

Destination: \_\_\_\_\_ Coralville Marriott Conference Center \_\_\_\_\_

Designated Supervisor of Activity: \_\_\_\_\_

Volunteer Chaperone(s): \_\_\_\_\_

Place/Time of Departure: \_\_\_\_\_

Place/Time of Return: \_\_\_\_\_

Method of Transportation: \_\_\_\_\_

Student Cost: \_\_\_\_\_

I, \_\_\_\_\_, give permission for my son/daughter, \_\_\_\_\_, to participate in the 2007 Diocesan High School Youth Rally, sponsored by the Diocese of Davenport, to be held Oct. 28, 2007, at the Coralville Marriott Conference Center.

I submit that this health history (see reverse) is accurate and correct so far as I know, and the person described herein has permission to engage in all planned youth rally activities, except as noted by me or an examining physician. In the event of sickness or accident, the adults supervising the High School Youth Rally have my permission to secure medical care for my child. I hereby release the Diocese of Davenport and all adult sponsors from any and all claims arising out of or from any accident or other occurrence, causing injury to any person or property, during this event.

In the event of an emergency, I hereby give permission to the physician selected by the diocesan coordinator of youth ministry or the parish coordinator of youth ministry to secure proper and adequate treatment including hospitalization, injection, anesthesia, or surgery for myself, if of majority age, or the child listed, if a minor. I accept responsibility for all medical/surgical treatment charges, which may be incurred.

*This information may be shared with other adults from the parish for the benefit of my child*

Signature of Parent or Guardian (if a rally participant is a minor): \_\_\_\_\_

Adult participant signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Photo Release:** 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 Diocesan Coordinator of Faith Formation and Youth Ministry in writing to the contrary.