

Archdiocesan Catholic Youth Ministry – Relay for Life

PARENTAL PERMISSION / MEDICAL CONSENT FORM

GENERAL INSTRUCTIONS:

1. **(FOR PARTICIPANTS UNDER 18 YEARS OLD):** THIS FORM **MUST** BE SIGNED BY THE PARTICIPATING CYO OR YOUTH GROUP MEMBER **AND** BOTH PARENTS OR APPLICABLE LEGAL GUARDIAN(S).
(FOR PARTICIPANTS OVER 18 YEARS OLD): PARTICIPANT MUST STILL COMPLETE AND SIGN THIS FORM. PARENT/GUARDIAN'S SIGNATURES ARE NOT REQUIRED.
2. Please take care in filling out this form. It provides crucial information for caregivers in the event of illness or medical emergency. Accuracy and thoroughness are encouraged.
3. Sections I - IV are mandatory. Sections V - VII provide you with treatment options in non-emergency situations.

SECTION I: GENERAL INFORMATION ON PARTICIPANT

Participant's name: _____ DOB: _____ Sex _____ MINOR: (YES / NO)

Home Address: _____
(Street) (City) (ZIP)

Parent/Guardian's name: _____ Emergency Phone: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

SECTION II: PERMISSION AND CONSENT TO TRAVEL AND PARTICIPATE

I, _____, grant permission for the above named child to participate in the **Catholic Youth / American Cancer Society RELAY FOR LIFE** (the "event") that requires transportation to a location away from the parish site. This event will take place under the guidance and direction of parish employees and/or volunteers from the parish of St. Dominic. A brief description of the event is as follows:

Type of Event: Catholic Youth Ministry/American Cancer Society Relay for Life
Destination of Event: Brother Martin High School, New Orleans, Louisiana
Individual in Charge: Event Coordinator, Christopher LaRosa and Courtney Lambert and Jason Joubert, Parish Adult Chaperones
Estimated Time/Date: 8:00 PM on Friday, July 10, 2009 till 6:30 AM on Saturday, July 11, 2009
Mode of Transportation: Participating parishes each responsible –details here: on your own to/from Brother Martin

As parent and/or legal guardian, I remain legally responsible for any actions taken by the above named minor, my/our child (the "participant"). I agree, on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and indemnify

St. Dominic Parish, its officers, directors, and agents, and, the Roman Catholic Church of the Archdiocese of New Orleans, Brother Martin High School, the CYO/Youth Ministry Office, and the American Cancer Society, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, the CYO/Youth Ministry Office, the American Cancer Society, their officers, directors and agents, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Signed and agreed to by the participating youth AND parent or legal guardian (as applicable):

Participant's Signature: _____ Today's Date: _____

Parent/Guardian's Signature: _____ Today's Date: _____

(over please)

SECTION III: MEDICAL MATTERS

As the Parent/Legal Guardian of the above named child, who is currently associated with the _____ parish I hereby authorize _____ or his/her assistants to carry out the wishes I have named (herein) in areas _____ (Adult Chaperone) of emergency medical treatment and other cases of illness. This authorization includes Friday, July 10 and Saturday, July 11, 2009, only. I hereby warrant that, to the best of my knowledge, my child is in good health, and I assume all the responsibility for the health of my child.

Signature: _____ Today's Date: _____

SECTION IV: EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the numbers listed herein, contact:

Name & Relationship: _____ Phone: _____

Family Doctor: _____ Phone: _____ FAX: _____

Health Plan Carrier: _____ Policy #: _____

Signature: _____ Today's Date: _____

SECTION V: OTHER MEDICAL TREATMENT

In the event it comes to the attention of the parish, its officers, directors and agents, chaperones, or representatives associated with the **Relay For Life** that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I wish to be called and collect (with phone charges reversed to myself).

Signature: _____ Today's Date: _____

SECTION VI: MEDICATIONS

SIGN ONLY THOSE OPTIONS THAT ARE APPLICABLE

- My child is taking medication at present. My child will bring all such medication necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that my child takes such medications, including dosage and frequency of dosage, are as follows: _____

Signature: _____ Today's Date: _____

- I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Today's Date: _____

- NO medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Today's Date: _____

SECTION VII: MEDICAL INFORMATION The parish will take reasonable care to see that the following is held in confidence.

Allergic Reactions (medications, food, plants, insects, etc.) _____

Immunizations: Date of last tetanus/diphtheria immunization _____

Does the child have a medically prescribed diet? _____

Any physical limitations? _____

Is the child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting? _____

Has the child recently been exposed to contagious disease or conditions such as mumps, measles, chicken pox? _____

If so, date and disease/condition: _____

You should be aware of these special medical conditions of my child: _____