DIOCESE OF SHREVEPORT
YOUTH MINISTRY
EVENT PERMISSION AND MEDICAL INFORMATION FORM (YOUTH)

I. A church-sponsored event is planned: _____St. Joseph Church_____(church parish name)

To _____St. Joseph Church Middle School Camp_____Date(s__**Monday-Friday**___July 12nd-16th,2010_____

Departure Time & Place _____8:00 am St. Joseph Church/St. Joseph Activities Center/GYM/FLC _____

Return Time & Place _____Noon St. Joseph Church /St. Joseph Activities Center/GYM/FLC----

Overnight Accommodations *(if applicable)* ___N/A_____

Purpose of Event _____Summer Day Camp_____

Specific Activities Involved _____Arts and crafts, Team Olympics and Teachings_____

Transportation Plans _____N/A_____

Cost of Event, other specifics _____$50.00_____

Adults Leaders_____Phillip & Julia Norton and CORE_____

II. I/We request that our child_____ **participate in the youth ministry event outlined above.**

III. I/We hereby waive, release and forever discharge any and all claims against the Diocese of Shreveport, the above named parish, their council, staff, or volunteers (hereinafter collectively "the Diocese") for damages and/or injuries to or of my child listed in paragraph 2, above, which may arise from the participation in this activity; provided, however, that this release does not apply to claims for gross negligence or intentional wrongdoing of the Diocese.

IV. I/We recognize that the parish is a nonprofit institution and that limiting its liability for accidents helps to keep down its cost of operation, and thus helps make it possible for trips of this kind to take place. Therefore, I/we have agreed not to sue in the event of an accident and/or injury involving my/our child. I retain the right to sue in the event my/our child is injured as a result of intentional wrongdoing or gross negligence on the part of the Diocese.

V. Indicate any activities in which you DO NOT wish your child to be involved during this event. _____

VI. Indicate any allergies or illness your child may have. _____

VII. Medications (prescribed) your child will bring to this event. (All medications must be well labeled with name of child, name of medication, dosage, and frequency.) _____

VIII. I hereby grant permission to any staff person to provide the following over-the-counter drugs to my child if requested by my child while in their care. (Check all that apply)

___ Tylenol __Benedryl __Advil __Midol __Sudafed __ Kaopectate __Neosporin __Pepto Bismal __Imodium AD __Band aid

IX. <u>Parent or Guardian contact</u>

Name _____ Relationship to Participant_____

Home Address_____

Phone (Home)_____ (Work) _____

<u>Alternate Contact Person (in the event the parent or guardian can not be contacted)</u>

Name _____ Relationship to Participant_____

Home Address_____

Phone (Home)_____ (Work) _____

X. <u>Emergency Medical Treatment</u>

This is to confirm that the Diocese of Shreveport has my full and complete permission to seek and obtain medical attention for my child in the event of any accident or illness which may occur, including the authorization to consent to emergency medical care, if required. I understand that reasonable efforts will be made to advise parents/guardians of their child's condition prior to any treatment. This is to confirm that I release the Diocese of Shreveport from any and all liability due to seeking medical attention.

_____ _____

Signature of Parent/Guardian **Date**