Roman Catholic Diocese of Albany

Consent and Medical Form

Participants NAME_____

Address: _____

Birth Date_____ current school Grade _____

Parish _____ High School_____

I, (name of parent or guardian) _____, grant permission for my child

(name of child)_____to participate in _____,

to be held at _____ on/from _____ ___and if needed, to be evaluated, diagnosed, treated, and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve the Diocese of Albany and the parish of _____of all responsibility and consequences that may arise as the result of this treatment.

I will not hold the Diocese of Albany, (parish/office of)_____, nor chaperones, or representatives associated with _____ responsible in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment.

My child agrees to abide by all rules and regulations decided upon by the parish/apostolate of _____. I understand that the Parish/Apostolate will not be held liable if my child fails to cooperate with said regulations and that any infractions of the rules may result in immediate dismissal from the program. I further understand that I will be responsible for any costs or other requirements for immediate transportation home. The participant will not be left unattended while waiting for transportation home.

YOUTH

As a participant of the (event), I,_____ understand and agree to the rules and regulations as determined by the Parish of _____. I also understand and agree that I will notify my parents or guardian at the time of any infractions requiring my dismissal from the _____ and that I will be sent home at my own and/or my parent's/guardian's expense.

_____ _____

(Signature of Parent or Guardian) (Signature of Youth Participant)

**** PHOTO Release :** I hereby authorize and give my consent for the taking of pictures (moving or still) of my/our Son or Daughter and further give my permission for their reproduction for:
{names only to be used with further permission}

1. Teaching purposes only **2.** News release **3.** Publication(print or electronic) **4.** program promotion

_____ _____

Date Parent signature

{NO signature is non-authorization}

OVER

<u>Medical Information</u>: If there are special directions please include a separate note or call Director

- **Allergies:** _____

  _____

- Medications child currently takes:

  _____

- Does child have a **medically prescribed diet**?_____ **If so what needs ? list below** –

  _____

- Any physical limitations?

  _____

- Date of last tetanus booster: _____

Note any special medical conditions: _____

_____

<u>Medications:</u> My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage is as follows:

_____

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

Signature_____Date_____

_____

Insurance Carrier: Policy Carrier:

Policy Number:_____

In case of emergency and I cannot be reached please notify:

_____

Relationship to youth: _____Phone: _____

Signature of Parent or Guardian Date:_____

_____ _____

Address, City, Zip Phone: