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. Frances Cabrini Church in Alexandria - Date(s) __Saturday-**, Saturday 10/1st 2011**_________________

Departure Time & Place __Meet at St. Joseph at 6AM

Return Time & Place ____Will be back at 10:45PM__________________________________

Overnight Accommodations *(if applicable)*____N/A____

Purpose of Event To **have a day of prayer/ speakers/praise and worship/Mass and FUN!!!**_________

Specific Activities Involved **_In YOUR JR. HIGH FACE_____________________________**

Transportation Plans ____Cars of Parents____

Cost of Event, other specifics**.___$25- this includes lunch and dinner!! Extra money (if needed) $20___________________**

Adults Leaders_____ Julia Norton – Other Parents______________

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 __Benadryl __Advil __Sudafed __Midol __Kaopectate __Neosporin __Pepto Bismal __Imodium AD

IX. Parent or Guardian contact

Name ____ Relationship to Participant________________________

Home Address____

Phone (Home)____ (Work) ____

Alternate Contact Person (in the event the parent or guardian cannot be contacted)

Name ____ Relationship to Participant________________________

Home Address____

Phone (Home)____ (Work) ____

X. Emergency Medical Treatment

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