

# Youth Ministry Medical Release Form

(Valid August 2016-July 2017)

Student Name: \_\_\_\_\_ Grade \_\_\_\_ School \_\_\_\_\_

Mom Name: \_\_\_\_\_ Dad Name: \_\_\_\_\_

Parent E-mail address: \_\_\_\_\_

Do you read your email regularly? \_\_\_ Yes \_\_\_ No

Parent Phone: \_\_\_\_\_

Medical Conditions / Allergies / Special Dietary Needs: \_\_\_\_\_

Medications: \_\_\_\_\_

**Archdiocesan Medications Policy:** Any medication that the above named youth will be taking during the course of a youth ministry event, must be presented in its original package with dosing instructions provided. I understand that all medications prescribed to youth 18 years or younger **will remain in the possession of the adult leader** (with the exception of inhalers and epipens) and **will be dispensed as prescribed**. I understand that non prescription medications (including Tylenol, throat lozenges, etc.) will not be available unless brought by the youth participant.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Person's to contact in case of emergency:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

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I, the undersigned parent or guardian of \_\_\_\_\_ a minor, do hereby authorize the adult(s) representing Our Lady of Perpetual Help as my agents, to consent in case of a medical emergency to any examinations, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable by a qualified physician or local hospital. An authorized parish adult agrees to contact the undersigned as soon as possible if any emergency should arise. I will assume responsibility for fees incurred by such an emergency. In addition, I certify that the above information is correct and give permission for the release of medical records to the attending physician. I realize that I cannot hold Our Lady of Perpetual Help, the New Albany Deanery Youth Ministry Office, or the Archdiocese of Indianapolis responsible for such an emergency.

As parent or guardian of the above named youth, I have hereby released the Archdiocese of Indianapolis, New Albany Deanery Parishes, Deanery Youth Ministries, parish staff and/or volunteer leaders from any claim, loss, cost, damage, or expense arising out of any accident or other occurrence causing injury to any person or property during any outings or events. In case of a sickness, the adult in charge has my permission to secure medical attention for my child. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I hereby assume all transportation costs.

Additionally, as the parent or guardian of the above named youth, I understand that my child may be photographed, unidentified in group situations. I hereby grant permission for my child to be photographed and identified for releases to *The Criterion* and/or other parish promotions.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

