

**Catholic Diocese of Des Moines
Medical/Liability Release Form (Revised November 2010)**

PLEASE PRINT IN INK.

Name of Student _____
Date of Birth ____/____/____ City _____ State _____ Zip _____
Address _____
Phone # (____) _____ Sex: M F Height _____ Weight _____ Age _____
Emergency Contact # 1 Name: _____ Relation: _____
Address (if different from student) _____
Contact Home or cell Phone _____ **Contact Work Phone** _____
Emergency Contact # 2 Name: _____ Relation: _____
Address (if different from student) _____ **Contact Work** _____
Contact Home or cell Phone _____
Phone _____
Insurance Company _____ Policy # _____

List any Allergies/ Present medical conditions with current medications and dosage/Activity and/or food restrictions:

Contact lenses? Yes ___ No ___

Medical Permission for Youth

I grant permission, that in the event my child is injured or becomes ill, for medical care to be administered to my child and to use our personal insurance to cover such incidents. I hereby give permission to the physician selected to render medical treatment deemed necessary and appropriate by the physician.

Permission for Other Medical Matters

YES, in the event it comes to the attention of the diocesan and/or parish chaperones that my child complains of illness, I grant permission for non-prescription medication (such as Tylenol, lozenges, etc.) to be given to my child.

Release of Liability for Youth and Adults

I understand all reasonable safety precautions will be taken at all times by _____ Catholic Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Catholic Diocese of Des Moines and/or _____ Catholic Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Code of Behavior for Youth

I agree to instruct my child to abide by all rules and regulations as outlined by the aforementioned chaperones/representatives. I agree that if my child fails to abide in any way by the rules, that my child can be dismissed from the trip/event and sent home immediately at my expense with no right of reimbursement or refund for any amount in connection therewith from _____ Catholic Church or its chaperones/representatives.

Signature of Participant _____

Date _____

Signature of Parent/Guardian* _____

Date _____

*Required if participant is under 18