

# 30-Hour Fast March 24-25, 2007

Name of Youth: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

## Parent/Guardian-Release and Consent Form

I, \_\_\_\_\_, the undersigned give permission for my son/daughter, \_\_\_\_\_, to attend 30 hour fast at Holy Family Church. I give my permission for my son/daughter to be transported in public vehicles hired for this trip.

In case of medical emergency, I understand that every effort will be made to contact the parent(s) or guardian(s) of my child. In the event that I cannot be reached, I give permission for my son/daughter to be evaluated, diagnosed, treated, and/or medicated in accordance with standard medical practice by licensed medical personnel. In addition, I give permission for the release of medical records to an attending physician in case of illness. I relieve the Archdiocese of New York, Holy Family Parish and all leaders, of any responsibility. They shall be held harmless from and indemnified against any and all liability, costs, claims, loss, damage or even death; which may incur as a result of any accident or injury to my child.

My child agrees to abide by all the rules and regulations as outlined by Holy Family Youth Ministry. I understand that neither Holy Family Parish nor the Archdiocese of New York will be held liable if my child fails to cooperate with these regulations. I also realize that infractions of these rules my result in the immediate dismissal. I will be responsible for any costs or other requirements for immediate transportation home.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

## Youth Participant Code of Behavior Commitment Form

As a member of Holy Family Youth Ministry I understand and agree to abide by the rules outlined. I also understand and agree that I will notify my parents or guardians at the time of any infractions requiring my dismissal from the trip. In that circumstance, I understand and agree that I will be sent home at my own or my parents'/guardians' expense.

Signature of Youth Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**(Please complete Reverse Side)**

## Medical Information

Name of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Is the participant in general good health and able to participate in all the normal activities of a recreational program? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are there any limitations to the activities, which your child can participate?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Is there anything about your child's health, that we should be aware of?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

### Family Physician or Clinic:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Known allergies: \_\_\_\_\_

My child must take the following medications: (please indicate dosage, frequency, etc.)

\_\_\_\_\_

Does your son/daughter have an illness, or health condition we should be aware of? If yes, please explain how your child should be treated and with what medication(s).

\_\_\_\_\_

Date of last tetanus booster: \_\_\_\_\_

### Emergency Information:

Insurance Carrier: \_\_\_\_\_ Policy Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

In case of emergency, please notify: \_\_\_\_\_

Relationship to the youth participant: \_\_\_\_\_

Day Phone Number: \_\_\_\_\_ Night Phone: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_