



**DIOCESE OF BOISE YOUTH PERMISSION & MEDICAL RELEASE FORM**

EVENT: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE PRINT

Youth's Name \_\_\_\_\_

Mother or legal Guardian (circle one) Full Name \_\_\_\_\_

Father or legal Guardian (circle one) Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Male

Female (please circle)

I, THE PARENT (GUARDIAN) OF THE ABOVE NAMED CHILD, HEREBY, GIVE MY PERMISSION FOR HIS/HER PARTICIPATION IN THE YOUTH ACTIVITY NAMED ABOVE. I AGREE TO DIRECT MY CHILD TO COOPERATE AND CONFORM TO DIRECTIONS AND INSTRUCTIONS OF PARISH, SCHOOL AND DIOCESAN PERSONNEL RESPONSIBLE FOR THIS ACTIVITY.

I agree that in the event my child is injured as a result of his/her participation in the above named activity, including organized transportation to and from this activity, whether or not caused by the negligence (active or passive) of the parish/school or diocesan youth activity program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, or related costs will first be paid by parent or guardian insurance or any available benefit plan of parent or guardian.

**I am not aware of any medical condition of my child, which would render it inappropriate for him/her to participate in any activity.**

I, hereby, give permission to the medical personnel selected by the youth activity supervisory personnel present, should parent/guardian not be available for permission or consultation, to render medical treatment deemed necessary and appropriate by the physician, R.N. or dentist.

I understand that during the activity my child may be transported to and from the activity site via a personal vehicle. Parents/guardians of participants are advised that photographs or videotape of participants maybe used in publications, websites or other materials produced periodically by Diocese of Boise and/or Office of Youth Ministry or local parish. (Participants would not be identified, however, without specific written consent. Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the parish/Office in writing. Please note that the Office has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate.

**MEDICAL HISTORY & INFORMATION**

Allergies \_\_\_\_\_

Date of last tetanus shot (month/year) \_\_\_\_\_ / \_\_\_\_\_

Physical Impairments/limitations \_\_\_\_\_

Other health issues to aware of (allergies, illness etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Diocese of Boise Youth Permission and Medical Release Form (cont.)

Please check which applies.

I am covered by hospitalization and medical insurance under policy #: \_\_\_\_\_  
issued by \_\_\_\_\_. The subscriber's name is \_\_\_\_\_  
\_\_\_\_\_. The family physician is \_\_\_\_\_  
and he/she can be reached at # \_\_\_\_\_.

## **Medical Treatment Preferences**

Medications: My child is taking medications at present during this event. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise direction for seeing that the child takes such medications, including dosage and frequency of dosage are as follows:

Thereby grant permission to any staff person to provide the following over-the-counter drugs to my son/daughter if requested by my son/daughter (Check all that apply)

Tylenol  Benadryl  Advil  Sudafed  Midol  Pepto Bismol  Neosporin  Kaopectate  Immodium

Other \_\_\_\_\_

Add any dietary restrictions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Photos and/or videos generated at camp may be used for later diocesan archival/promotional use.**

**Parent/Guardian Information:** Home Phone Number: \_\_\_\_\_

Work Number Father/Guardian: \_\_\_\_\_

Cell Number Father/Guardian: \_\_\_\_\_

Work Number Mother/Guardian: \_\_\_\_\_

Cell Number Mother/Guardian: \_\_\_\_\_

Non-parental emergency contact name : \_\_\_\_\_

Non-parental emergency contact phone number: \_\_\_\_\_

Non-parental emergency contact 2nd phone number: \_\_\_\_\_

I acknowledge that if any information changes I will notify the diocese/parish.

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