

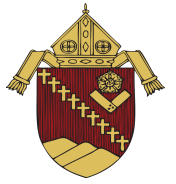


YOUTH WAIVER AND MEDICAL RELEASE FORM

DEANERY 5 - LOCK-IN

AUGUST 11-12, 2017

HOSTED BY DEANERY 5 PARISHES



BASIC INFORMATION	
Full Name:	Birth Date:
Parish:	
OTHER INFORMATION	
1) Known allergies to food or medications that those who work with your young person should be aware of? 2) Are there known physical, psychological or emotional limitations that would affect this young person's participation in this event?	
Please specify any dietary restriction, if any:	
Doctor's Name:	Doctor's Phone:
Insurance Company:	Policy #:
EMERGENCY CONTACT PERSON	
Name and Relation:	Phone:

PLEASE ATTACH A COPY OF YOUR CHILD'S MEDICAL CARD TO HAVE ON HAND.

RELEASE FORM

I request that the Roman Catholic Diocese of San Jose, permit my child to participate in the Lock-In to be held around on August 11-12 2017. I understand that reasonable precautions will be taken to safeguard the health and well being of my child, and that I will be notified as soon as possible in the event of an emergency. In case of sickness or accident, I authorize and consent to any x-ray exam, anesthetic, medical, dental or treatment and hospital care to be rendered to my child under the general care and advice of any physician, dentist or surgeon licensed to practice in any state. I further understand and agree to be responsible for any such medical, dental and/or hospital expenses incurred.

By signing this form, I hereby grant permission for my child to be photographed and/or videotaped during the event. I understand that my child may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting youth ministry. Please print "Photo Opt Out" by the signature if you do not want this permission granted.

GUARDIAN'S SIGNATURE _____ DATE _____

PLEASE SUBMIT THIS FORM TO
YOUR PARISH YOUTH MINISTER