

MEDICAL CONSENT • 2011 - 2012

Medical Matters

I hereby warrant to the best of my knowledge, my child _____ is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only that in accordance to your wishes:

Emergency Medical Treatment

In the event of an emergency, I hereby give permissions to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. I agree to accept any and all financial responsibility as result of Emergency Medical Treatment. In the unlikely event of an emergency and you are unable to reach me, contact:

Name and Relationship: _____ Phone: (____) _____

Family Doctor: _____ Phone: (____) _____

_____ I hereby DO NOT GRANT PERMISSION for medication of any type, prescription or nonprescription to be administered to my child unless the situation is life threatening and emergency treatment is required. (Please initial)

_____ I hereby GRANT PERMISSION for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. (Please initial)

_____ I hereby REQUEST that the following medications be distributed to my child as directed:

Medications (Medications be brought in a quart clear zip bag and a separate card will need to be completed at check-in)

Medication(s): _____ Dosage _____

Administer: _____

MEDICAL CONDITIONS INFORMATION

(Diocesan personnel will take reasonable care to see that the following information will be held in confidence)

My son/daughter has: _____

Has had an episode of the following or has been diagnosed Seizures Asthma Diabetes A.D.H.D. _____

Allergic reactions to the following (foods, dyes, latex, etc.) _____

Has had medical surgery within the last six months? Yes No Still under Doctor's care? Yes No _____

Has had a medically prescribed diet? _____

The following physical limitations: _____

Immunizations current and up-to-date: Yes No Date of last tetanus/diphtheria immunization _____

You should be aware of these special medical conditions of my child: _____

INSURANCE INFORMATION

(Please attach a copy of the Insurance Card, front and back, with this form)

Insurance Carrier: _____

Name of insured: _____

Insurance ID Number: _____ Insurance Policy Number: _____

Father's Name: _____ Birth Date: _____

Place of Employment: _____

Mother's Name: _____ Birth Date: _____

Place of Employment: _____

■ I do not carry medical insurance at this time.

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms (such as headache, vomiting, sore throat, fever, diarrhea) I want to be called immediately. If this will be a long distance call, I will accept the collect call charges.

Signature (Parent/Guardian) Parent/Guardian must sign for anyone under 18 years of age _____ Date _____

Participant Signature (18 years of age or older must sign own consent) _____ Date _____

Covenant of Conduct

At all Diocesan sponsored activities, and other activities, we expect you to represent the Diocese of Little Rock and the parishes of Washington County as well! We hope that you will display the mature, responsible leadership and character which has for so many years been the trademark of Catholic Youth within this diocese.

The Covenant of Conduct:

1. Participants are expected to attend all activities.
2. Smoking will not be permitted for anyone.
3. Individuals are responsible for their own actions and will be asked to assume the natural consequences for any negative behavior. Each participant will take full responsibility for any damage or theft.
4. Participants should not leave the event/activity unless accompanied by an official adult chaperone.
5. The possession and/or use of alcohol and drugs are prohibited.
6. Christ-like behavior is promoted and expected at all times. Therefore, inappropriate contact, touch, gesture, language, or activity of a sexual nature, which could be considered offensive, is unacceptable. Girls and boys will not be sleeping in the same room.
7. No electronic devices may be brought except for use during travel to and from the retreat. If electronics are found during activities an adult chaperone will confiscate them until the end of the retreat.
8. All property will be left clean, especially the vans, hotel rooms, and any area we visit. Adult chaperones will perform room checks daily and upon departure. Any cost because of destruction of property will be the responsibility of the parent of the youth.
9. No youth of the opposite sex will be allowed in each other's sleeping areas.

Infractions of this Covenant of Conduct may result in dismissal from the activity. Parents/Guardian of the dismissed participant will be responsible for removing the participant from the activity site.

I understand and accept this code of behavior.

(Participant's Signature)

(Date)

I consent to the conditions stated above on participation in this event.

(Parent/Guardian Signature)

(Date)

Day Time Phone Number

Evening Phone Number

In case of emergency contact _____ at this number _____
Emergency Phone number should not be the same as parent/guardian • We will attempt to contact parents/guardians first

Chaperone Guidelines

Welcome! As a chaperone, you play an important part in ensuring the positive experience of this event. We offer the following list of guidelines to help you fulfill your role as a chaperone.

We require that:

- Chaperones are 21 years of age.
- Chaperones are **REQUIRED** to have attended a VIRTUS training session (Protecting God's Children) and have a back ground check before being able to serve as a chaperone.
- All chaperones enforce the code of behavior and set an example for youth.
- All chaperones are responsible that each youth assigned to you attends all scheduled functions of this event. (Youth may not leave a session without an adult)
- While at general sessions, seating is by parish. Chaperones must spread out among their teens to be present and available to your group. It is expected that chaperones will not leave the conference area and expect other adults to be responsible for youth in your charge.
- Chaperones do not go anywhere during this event where teens are not allowed (i.e., bars, lounges, etc.) nor, should chaperones consume any alcoholic beverages or illegal drugs during the weekend.
- Chaperones count & check all youth to make sure all youth are accounted for at departure time. Chaperones are expected to take their turn monitoring the halls and other areas as requested by the Catholic Youth Minister.
- Any alcohol, drugs, firearms, or explosives found with/on a person or in their room will be considered the possession will result in immediate dismissal by the Catholic Youth Minister.
- All adults are expected to inform the Catholic Youth Minister if any of these items are found.

Remember: While on a youth event, you are **TOTALLY** responsible for both the behavior and the needs of the youth entrusted to your care. Please pay close attention to both. Wherever we are, we represent the youth of the Catholic Church of St. Joseph, Fayetteville.

All chaperones are expected to follow these rules. In the interest of safety and security, do not leave your group without a chaperone. Should an emergency arise, check in with the Catholic Youth Minister, or head parish chaperone. With these things in mind, we believe all, adults and youth alike, will indeed have a joyful celebration of our Catholicism.

I understand and accept these chaperone guidelines and have been through the VIRTUS training (PGC) and have been through the background check process in my local parish.

(Chaperone's Signature)

(Parish/City)

(Form to be sent into Youth Ministry office with registration materials.)

ADULT MEDICAL RELEASE FORM

DATE: _____

PRINT NAME: _____

PARISH _____

ADDRESS _____

CITY: _____ STATE: _____ ZIP CODE _____

HOME PHONE NUMBER :(____) _____ WORK (____) _____

PHYSICIAN'S NAME: _____ PHONE (____) _____

DATE OF BIRTH _____ DATE OF LAST TETANUS SHOT: _____

PLEASE LIST ALL MEDICAL CONDITIONS/ALLERGIES/SPECIAL HEALTH INFORMATION:

PLEASE LIST ANY MEDICATIONS (PRESCRIPTIONS OR NONPRESCRIPTION) THAT YOU WOULD LIKE US TO BE AWARE OF: _____

MEDICAL INSURANCE COMPANY: _____ POLICY # _____

POLICY IN THE NAME OF: _____ RELATIONSHIP _____

EMERGENCY CONTACT NAME AND NUMBER _____

IN THE EVENT THAT THE PARTICIPANT DOES NOT HAVE INSURANCE, PAYMENT IN FULL FOR MEDICAL CARE BECOMES THE RESPONSIBILITY OF THE PATIENT.

I, _____, DO HEREBY RELEASE, HOLD HARMLESS AND DISCHARGE HOLY SPIRIT PARISH, ITS STAFF, AND VOLUNTEERS FROM ANY AND ALL LIABILITY, CLAIM, LOSS, DAMAGE, COST OR EXPENSE ARISING FROM MY PARTICIPATION IN THIS EVENT. I WAIVE SUCH CLAIMS AGAINST SUCH ORGANIZATION OR ANY SUCH PERSON, ARISING DIRECTLY OR INDIRECTLY FROM OR ATTRIBUTABLE IN ANY LEGAL WAY, TO ANY ACTION OR OMISSION TO ACT OF ANY SUCH ORGANIZATION OR PERSON IN CONNECTION WITH EXECUTION OF THIS EVENT. I AUTHORIZE TREATMENT BY A LICENSED MEDICAL PHYSICIAN OR LICENSED MEDICAL TEAM IN CASE OF ANY ACCIDENT OR ILLNESS THAT MAY SO ARISE OR ANY HOSPITALIZATION NECESSARY.

SIGNATURE: _____