

CONSENT FORM/MEDICAL FORM/REGISTRATION FORM

TO BE COMPLETED FOR ALL PARTICIPANTS/CHAPERONES and SIGNED BY A PARENT OR GUARDIAN IF PARTICIPANT IS STILL IN HIGH SCHOOL.

Participant Name: _____ **Birth date:** ___ / ___ / ___ **Age:** _____
Last First Middle Initial

Address: _____
Street City State Zip

E-Mail: _____ **Cell Phone:** (____) ____ - _____

Name to be used on name tag: _____ **T-Shirt Size** _____

Status Options: Please check **ALL** that apply and indicate type or title where appropriate.
 Female Youth Priest or religious _____
 Male Young Adult (18 **and** high school graduate) Medical Professional _____
 Adult Chaperone (must be at least 21) Church employee _____

Parish: _____
Name City

Group Coordinator: Sean Malloy _____ **Mode of Transportation:** Bus _____

Event Name: March for Life and Life is Very Good Rally _____ **Event Dates:** January 18-19, 2018

Primary Emergency Contact: _____ **Relation:** _____
Parent/Guardian if participant is under 18 Last First

Address: _____
Street City State Zip

Phone: (____) ____ - ____ (____) ____ - ____ (____) ____ - ____
Home Cell Work

E-mail: _____

Secondary Emergency Contact: _____ **Relation:** _____
Last First

Address: _____
Street City State Zip

Phone: (____) ____ - ____ (____) ____ - ____ (____) ____ - ____
Home Cell Work

Allergic Reactions / Dietary Restrictions: (medications, food, insects, etc)

Current Prescription Medications: (name, dosage, frequency) _____

Special medical conditions: ___ No ___ Yes (Please describe)

Access Needs: (Please check appropriate boxes and/or explain special needs or concerns.)
 Wheelchair access Hearing impaired
 Mobility impaired Visually impaired
 Other _____

Are there any medications that should NOT be administered to this participant? (allergies, interactions etc.)

If participant is under 18

I hereby grant permission for nonprescription medication (such as acetaminophen, ibuprofen, throat lozenges, cough syrup etc.) to be given my child if deemed advisable.

Signature of participant or parent/legal guardian if participant is under 18 Date ____/____/____

Primary Care Physician: _____ **Phone:** (_____) _____ - _____

Primary Insurance Company: _____ **Policy #** _____

Group # _____

I understand and have been informed that taking part in this youth event involves the risk of injury, and that participation is voluntary. I understand that the program will have competent adult supervision and reasonable and appropriate measures will be made to minimize the risk of injury and/or accident for all participants.

I hereby consent and authorize any staff members and/or adult volunteers under whose auspices the program for which my child or myself is being conducted, to secure emergency medical care or treatment that may be necessary for my self/child during the entire event. This consent and authority includes, but is not limited to, the ability to apply for admission to any health care facility, to arrange for and consent to health care procedures, and to arrange for any necessary transportation. This consent and authorization also includes the right to request, review and receive any oral or written information regarding my or my child's physical or mental health including medical and hospital records and including the authority to execute any releases that may be necessary to obtain this information. Furthermore, I release and hold harmless any said staff member and/or adult volunteer from any liability as a result of that staff member or adult volunteer who acting in good faith is placed in a position of making decisions required for emergency care or medical treatment for my self/child. In case of an accident, injury or loss, neither my family nor I will hold the Diocese, the parish, nor any person or affiliate organization associated with the event, responsible or liable.

I am hereby advised that photographs or video of participants may be taken during this youth event and used in publications, websites or other materials produced from time to time by *St. James* or the Diocese of Harrisburg. (Participants would not be identified, however, without specific written consent.) I understand that if I do not wish to have photographs or video used for such publications that I must provide written notification to *St. James* I understand that *St. James* has no control over the use of photographs or video taken by media that may be covering the event.

I hereby acknowledge that the above information is true and accurate. By signing below I grant consent for _____ to participate in this youth event.

I/We also acknowledge that if I/he/she has to return home early for discipline violations, it will be at my/our own expense.

Participant Signature Date ____/____/____

Parent/ Guardian Signature (if participant is under 18) Date ____/____/____