

**WAIVER, RELEASE, AND MEDICAL INFORMATION  
CATHOLIC DIOCESE OF EVANSVILLE**

Youth's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

School/Church \_\_\_\_\_ City \_\_\_\_\_

Event \_\_\_\_\_

Date(s) of Event \_\_\_\_\_

I/We, the parent(s) of the above named youth, hereby give my/our approval for his/her participation in the above event. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the event. I/We do further hereby waive, release, absolve, indemnify, and hold harmless the Bishop of the Catholic Diocese of Evansville, \_\_\_\_\_ Parish, \_\_\_\_\_ Pastor and any of their respective affiliates, successors, agents, employees, members, and representatives, adult sponsors, and other volunteers involved in the activities and transportation associated with the event from any and all claims, including claims of personal injury to my/our youth or property damage, under any theory of law (including negligence, but not reckless or intentional conduct) in any way resulting from or arising in connection with the activities and/or transportation to and from the event.

Father's Signature X \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature X \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY INFORMATION**

Family Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Contact Father at \_\_\_\_\_ Phone \_\_\_\_\_

Contact Mother at \_\_\_\_\_ Phone \_\_\_\_\_

Contact Guardian at \_\_\_\_\_ Phone \_\_\_\_\_

If Guardian cannot be reached, call:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Name of Family Insurance Carrier/Phone #: \_\_\_\_\_

Policy # of insurance policy \_\_\_\_\_

Parents living together? \_\_\_\_ Yes \_\_\_\_ No With whom does the child live? \_\_\_\_\_

Is there anyone who by court order or decree is designated as the primary or sole custodial parent? \_\_\_\_\_

Name anyone who has been restrained from picking up the child \_\_\_\_\_

**I understand it is my responsibility to keep the youth minister informed about such matters and to provide copies of relevant court orders and decrees to officials.**

**MEDICAL INFORMATION**

List any chronic or existing disease or medical problems (e.g. diabetes, epilepsy):

List any instructions for care of the above if it becomes necessary at school:

List any medications your child is taking on a regular basis: **(SEE BELOW)**

In case of accident or serious illness I request the Youth Minister to contact me. If I cannot be reached, I hereby authorize the Youth Minister to make whatever arrangements the circumstances allow.

It is understood and agreed that neither the Parish, Youth Minister/DRE, nor the Catholic Diocese of Evansville is the insurer of my child's health and safety while he/she is at youth functions or engaged in supervised activities, including sports. I understand it to be my obligation to provide such insurance as I may desire to purchase to protect myself and my child against the costs of sickness or injury.

If the above-named child needs emergency medical treatment, and neither a parent nor the designated family physician can be contacted, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.

Father or Guardian's Signature X \_\_\_\_\_ Date \_\_\_\_\_

Mother or Guardian's Signature X \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION BY  
AUTHORIZED PERSONNEL**

I HEREBY AUTHORIZE PERSONNEL TO ADMINISTER MEDICATION AS INDICATED TO:

Name: \_\_\_\_\_ Grade \_\_\_\_\_ Youth Minister \_\_\_\_\_

Rx Number: \_\_\_\_\_ Name of Medication: \_\_\_\_\_

Directions: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_

Time(s) medication is given at home: \_\_\_\_\_

Time(s) medication is to be given at the event: \_\_\_\_\_

I UNDERSTAND THAT MY SIGNATURE RELIEVES THE PARISH PERSONNEL OF ANY AND ALL LIABILITY RELATED TO THE ADMINISTRATION OF THE PRESCRIBED MEDICATION.

Signature of Parent/Guardian X \_\_\_\_\_ Date: \_\_\_\_\_

Phone number where you may be reached during the event: \_\_\_\_\_

**Release Form for Media Recording**

I, the undersigned, do hereby consent and agree that the Catholic Diocese of Evansville, its employees, or agents have the right to take photographs, videotape, or digital recordings of my child beginning on \_\_\_\_\_ and ending on \_\_\_\_\_ and to use these in any and all media, now or hereafter known, and exclusively for the purpose of event/program promotion and/or ministry development.

I do hereby release to the Catholic Diocese of Evansville its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my child's image or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording my child, either for initial or subsequent transmission or playback.

I also understand that the Catholic Diocese of Evansville is not responsible for any expense or liability incurred as a result of my child's participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Parent/Guardian Name: _____	Date: _____
Address: _____	
Phone: _____	
Witness for the undersigned: _____	
Signature: _____	

Revised: 9/2009