

DIOCESE OF SAN JOSE – CATHOLIC SCOUT RETREAT
PERMISSION, HEALTH AUTHORIZATION, AND RELEASE FORM
THERE MUST BE A COPY OF THIS FORM FOR ALL PARTICIPANTS AND ADULTS

Participant/Adult _____ Parish _____

Address _____ Phone _____
(Street, city, zip)

Troop/Crew _____ Birth Date _____

Parent/Guardian's Name _____ Home Phone _____

Address _____ Work Phone _____
(Street, city, zip)

Phone Number to call in case of Emergency _____

IN CASE OF EMERGENCY, ALTERNATE CONTACT NAME:

Name _____ Phone _____

HEALTH AND MEDICAL INFORMATION

Physician _____ Address _____

Phone _____

Medical Plan _____ Plan Number _____

List all conditions (such as allergies, seizures) which require ongoing medication and state the type of medication given: _____

Has the participant had difficulty with the following? (circle all that apply):

Asthma Fainting Spells Convulsions Diabetes Heart

Eyes Ears Nose Throat Lungs Digestion

Menstrual Problems Other _____

List any physical restriction or restriction for any physical activity on the basis of medical condition: _____

State the date of last physical examination: _____

IT IS STRONGLY RECOMMENDED THAT EACH PARTICIPANT HAVE A PHYSICAL EXAMINATION PRIOR TO PARTICIPATION IN ANY PHYSICAL ACTIVITY.
(PLEASE COMPLETE BACK OF FORM)

**Permission and Acknowledgement of
Conditions for Participation in Program**

1. I/We hold the Diocese of San Jose harmless from any claim of injury, sickness, illness or damage that (I/my child) may suffer or sustain during the **Catholic Scout Retreat-o-Ree**, with exception to injury of damages arising out of the sole negligence of the Diocese of San Jose.
2. I/We attest that (I am/my child is) physically fit to participate in this event.
3. In the event (I/my child) becomes ill or injured, I/We do hereby consent to whatever X-ray, examination, medical or treatment and hospital care that are considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital facility providing the treatment. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of the **Catholic Scout Retreat-o-Ree** staff to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.
4. I/We grant permission to (myself/my child) to self-medicate except for the following medications:

I understand that any medications so listed will be dispensed by the Director of First Aid for the **Catholic Scout Retreat-o-Ree**.

5. I/We am not aware of any medical condition which would render it inappropriate for (me/my child) to participate in any activity at the **Catholic Scout Retreat-o-Ree**.

_____ Print Name _____ Date _____
Signature of Parent or Guardian

_____ Print Name _____ Date _____
Signature of Adult Participant

Photograph and Video Consent

From time to time, we take pictures and video of youth ministry events and gatherings. We would like to be able to use these photographs and videos for flyers and diocesan publications, and the ministry website. To do this, we need both the participants' and the parents' or guardians' consent. We will not use the last names of any individual whose photos or videos are posted. If there are concerns about pictures or videos posted on the website, please contact the diocese youth ministry coordinator or webmaster, and they will be removed.

I/We, parent(s) or Guardian(s) of this youth (name) _____, **authorize/do not authorize** (circle one) and give full consent, without limitation or reservation, to the Diocese of San Jose to publish any photographs or videos in which the above named participant and/or pictures or videos of his/her parents or guardians appears while participating in the **Catholic Scout Retreat-o-Ree**. There will be no compensation for use of any photographs at the time of publication or in the future.

_____ Date _____
Signature of Participant

_____ Date _____
Signature of Parent or Guardian