

Youth's Name _____

Home Address _____

City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone (optional) _____

The email addresses listed below may be used for communication with myself and/or my son/daughter regarding this event.

Primary E-mail Address (please write legibly) _____

Secondary E-mail Address (optional) _____

Date of Birth _____ Gender (Circle one) M or F Grade in School 2018/ 2019 _____

T-Shirt Size (circle one) (adult sizes) S M L XL 2XL 3XL

PERMISSION TO PARTICIPATE:

I, _____ grant permission for my child, _____ to participate in the below described parish event and youth activities. A brief description of the activity follows:

Description of event:	MISSION POSSIBLE	SERVICE WEEK
Place of event:	Immaculate Conception Parish Campus & Corsicana Charitable Organizations	

CONSENT TO PARTICIPATE AND LIABILITY RELEASE:

I, _____ the parent/guardian/conservator of _____ grant permission for my son/daughter to participate in all parish-sponsored youth activities and functions. I understand that as parent/guardian/conservator, I remain legally responsible for any personal actions taken by my son/daughter. I recognize the inherent risk associated with the various youth activities that my son/daughter will be participating in. I agree on behalf of myself, my son/daughter named herein, my heirs, successors, and assigns to indemnify, defend, and hold harmless Immaculate Conception Parish and the Roman Catholic Diocese of Dallas, their employees and/or volunteers from any and all claims (unless due to the Sole or Gross NEGLIGENCE of the Parish) for illness, injury, death, and the cost of medical treatment therewith, arising from or in any way connected with my son/daughter participating and/or attending the various youth programs and activities during the dates noted above. In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this release, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all reasonable court costs, reasonable attorneys' fees and expenses incurred by the prevailing party.

AUTHORIZATION OF CONSENT TO TREAT MINOR:

I, _____ am the ___ parent ___ guardian or ___ conservator of _____, a minor, and as such do hereby authorize Immaculate Conception Parish, its youth ministry leaders, employees, contractors and volunteers as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the laws of the jurisdiction where such diagnosis or treatment may be given, whether such diagnosis or treatment is rendered at the office of said physician, at a hospital, or at any other location. It is understood that this authorization is given in advance of any specific treatment or diagnosis, but is given to provide authority and power of treatment, or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable. This authorization is given pursuant to the provisions of Chapter 32 of the Texas Family Code. This authorization shall remain effective throughout the specific event dates listed above. In consideration of acceptance of this authorization, but without any time limitation and without any future right of revocation, I hereby release, defend and hold harmless the Parish and Roman Catholic Diocese of Dallas (Diocese), their officers, directors, agents, employees, volunteers, youth ministry leaders, and contractors from all claims, liabilities and loss in any way arising out of or in connection with or relating to such treatment and treatment decisions.

AUDIO/VISUAL RECORDING AND PHOTOGRAPHY CONSENT:

On occasion, video recordings, audio recordings, photographic slides, and photographs are taken of children and youth during church and diocesan sponsored activities. These are utilized in newsletters, websites, event promotion, advertisements and other printed media. For good and valuable consideration, I hereby grant to Immaculate Conception Parish the irrevocable and unrestricted right to make, use and/or publish any and all photographs, videos, and other images of me/my minor child _____ (youth), or images in which me/my minor child may be included, now existing or hereafter made, in any case, with or without identifying subject for editorial, advertising, news, or any other purpose and in any manner and medium; to alter the same without restriction; and to copyright the same. I release the staff and volunteers of Immaculate Conception Parish and the Roman Catholic Diocese of Dallas from any liability connected with the use of my child's picture or audio/video recording as part of any of the above or similar activities.

Youth Participant's Name: _____

Insurance Carrier: _____

Policy Number: _____ Insurance ID Number: _____

Medications: INITIAL All that Apply – Note: DO NOT INITIAL ALL AREAS AS ONE MAY CANCEL OUT ANOTHER

_____ This child takes no medication and will bring no medication with him/her.

_____ This child takes medication/s and will self-medicate. The child will bring all such medications necessary, and such medications will be clearly labeled. I understand that the child will be required to turn all medication(s) over to a supervising adult designated to keep medication(s). I further understand that it will be this child's responsibility to present himself/herself at a location designated for returning medication(s) to this child at the frequencies/times listed below. I understand that the adult to whom this child surrenders the medication has no medical training and this adult will not measure dosages. This child will return the medication(s) to the adult after he/she self-medicates. At the conclusion of the event it will be this child's responsibility to pick up remaining medication(s), if any, at the self-medication designated location. Names of medications and exact dosage and frequencies/times are as listed below:

NOTE: Should your child have an Emergency Injection Device (Epi-Pen), Diabetic Condition, Asthmatics with a rescue inhaler, or other special medical condition, it is important to provide a clear description as to the nature of the medical condition and any medication. This is important for situations where the youth becomes unable to self-administer these treatments and to communicate with Emergency Response Personnel. If a child, who is normally able to self-administer these medications becomes unable to self-administer or is in distress, youth ministers, volunteers, or other parish personnel will immediately call 911 to summon Emergency Medical Personnel to respond to the medical emergency. **Youth ministers, volunteers, and other parish personnel are NOT trained to administer these types of emergency medications.**

_____ This child takes medication but is unable to self-medicate. The child's parent/guardian/conservator will provide and dispense any and all needed medications.

_____ **No medication of any type** whether prescription or nonprescription may be administered to this child unless the situation is life-threatening and emergency treatment is required.

_____ **I grant permission** for the following nonprescription medication to be given to this child:

- Non-aspirin/pain reliever Yes _____ No _____ # of tablets per dosage _____
- Throat Lozenge Yes _____ No _____
- Decongestant Yes _____ No _____ # of tablets per dosage _____
- Antacid Yes _____ No _____
- Antihistamine Yes _____ No _____ # of tablets per dosage _____
- Other _____ Dosage _____

Specific Medical Information

Allergic reactions (medications, foods, plants, insects, etc.) _____

Immunizations: (date of last tetanus/diphtheria immunization) _____

Other Medications child currently takes: _____

Any disabilities or physical limitations: _____

Has child recently been exposed to contagious disease or condition such as mumps, measles, chicken pox, etc.? Y N
If so, date and disease or condition. _____

Any other special medical conditions of this youth that we should be aware of? _____

MISSION POSSIBLE 2019 - Parent/Guardian Signature Page

Youth Participant's Name

_____ Name of Parent/Guardian/Conservator 1	
_____ Parent 1 Primary Phone Number	_____ Parent 1 Secondary Phone Number (optional)

_____ Name of Parent/Guardian/Conservator 2 (optional)	
_____ Parent 2 Primary Phone Number (optional)	_____ Parent 2 Secondary Phone Number (optional)

_____ Name of additional Emergency Contact (optional)	_____ Phone Number (optional)
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Signature of Parent/Guardian/Conservator

Date Signed

PLEASE ATTACH A PHOTOCOPY OF YOUR HEALTH INSURANCE CARD, FRONT AND BACK