

**WAIVER, AND MEDICAL INFORMATION FOR ST. JOHN THE BAPTIST PARISH
AND THE CATHOLIC DIOCESE OF EVANSVILLE.**

(Please print neatly)

Youth's Name(s) _____ Age(s) _____ Grade(s) _____

Parent(s) or Guardian(s) Name(s): _____

Address _____ City _____ Zip _____

Phone _____ Email _____

School & Church _____ City _____

I/We, the parents(s) of the above-named youth, hereby give my/our approval for his/her/their participation in the St. John Religious Education Programs, from September 1, 2012 thru May 31, 2013. 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, **ST. JOHN THE BAPTIST PARISH** Newburgh, IN, **REV. TOM KESSLER**, 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.

I/We, the parents(s) of the above-named youth, hereby give my/our permission for him/her/them to be photographed or videotaped during the Religious Education Programs from September 1, 2012 thru May 31, 2013. I/We realize that the photos may be published or posted in publications such as, but not limited to: the parish newsletter, bulletin boards, parish videos, newspapers, or other publications. Such photos or videos may be used for educational, informational, or promotional purposes regarding the programs or curriculum at St. John the Baptist Parish.

EMERGENCY INFORMATION

Address _____ City _____ St _____ Zip _____

Home Phone _____ Father's Cell _____ Mother's Cell _____

Father's name & place to contact: _____ Phone _____

Mother's name & place to contact: _____ Phone _____

Guardian's name & place to contact: _____ Phone _____

If Parents or Guardian cannot be reached, call:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Family Physician _____ Phone _____

Hospital Preference _____

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

NAME anyone who by court order or decree is designated as the primary or sole custodial parent?

NAME anyone who by court order or decree has been restrained from picking up the child?

List any chronic or existing disease or medical problems we need to be aware of:

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

I/We understand it is my/our responsibility to keep the DRE, CRE, or Youth Minister/Coordinator informed about all such matters mentioned above and to provide copies of relevant court orders and decrees to officials. I/We herby understand, acknowledge, and give my permission to all that is written in this document:

Father's Signature	X _____	Date _____
Mother's Signature	X _____	Date _____
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 _____ Name of Medication: _____

Rx Number: _____ Directions: _____

Doctor: _____ Phone: _____

Pharmacy: _____ Phone: _____

Time(s) medication is given at home: _____

I UNDERSTAND THAT MY SIGNATURE RELIEVES THE DRE, CRE, AND/OR YOUTH MINISTER OF ANY AND ALL LIABILITY RELATED TO THE ADMINISTRATION OF THE PRESCRIBED MEDICATION.

Guardian's Signature X _____ Date _____

Phone during the event: _____