HEALTH & PERMISSION FORM
FOR CHRISTIAN LEADERSHIP INSTITUTE

Return ***original signed form*** ***(no faxes)*** to:
Department of Youth & Young Adult Ministry
Diocese of Buffalo, 795 Main Street, Buffalo, New York 14203-1250

Completion of this form is required for final registration - Due by June 12, 2015.

Participant's Name _____

Address _____ City _____ Zip _____

Date of Birth ____/____/____ Sex: Male _____ Female _____

Is this participant in good health and able to participate in all normal Institute activities?
Yes _____ No_____ If No, Indicate Restrictions:_____

_____

Please give date of most recent physical examination, which must have been within the past 12 months. Date: ____/____/____

Signature of Physician_____ Date: ____/____/____

Physician Name (please print) _____ Phone: _____

Address _____ City _____ Zip _____

Immunization History: (Give Dates)
Measles 1. ____/____/____ 2.____/____/____ Mumps ____/____/____ Rubella ____/____/____
Dtap/Td ____/____/____ Polio Series ____/____/____ Meningitis ____/____/____

Allergies: Medication/Food/Other: _____

Chronic Medical Problems: (Write YES or NO next to each)

Hay Fever _____	Asthma _____	Bee Sting Allergy _____	Seizure Disorder _____
Fainting _____	Diabetes _____	Mental Illness _____	Orthopedic Disorders _____
Heart Disease _____	Kidney Disease _____	Other_____	

If yes, please explain: (Use separate sheet if needed) _____

_____

Explain any communicable disease/illness or exposure during the three weeks prior to the Institute attendance:_____

Operations/Serious Injuries: _____

Medications: List medication, dose, and reason. Please include prescription and non-prescription drugs.

_____

_____

Your child will be responsible for administering any needed medications to him/herself.

Please note that the Institute Staff will not dispense any medication (including over-the-counter medications, such as ibuprofen, antacids, etc.). If your child may need any prescription or non-prescription medication, he or she should bring them to the Institute.

< OVER PLEASE >

Dear Parent or Legal Guardian:

Your son/daughter/legal guardianship is eligible to participate in the Christian Leadership Institute at the St. Columban Center in Derby, NY sponsored by the Department of Youth & Young Adult Ministry of the Diocese of Buffalo. This program begins on Friday, June 26 at 7 PM and ends on Thursday, July 2, 2015 at 11 AM and involves six overnight stays. Transportation must be arranged by your family and/or the parish/school with whom your child is attending. This activity will take place under the guidance and supervision of volunteers and employees of the Diocese of Buffalo, its parishes, schools and institutions. **If you would like your child to participate in this program, please complete, sign and return the following statement of consent and release of liability.**

STATEMENT OF CONSENT AND RELEASE OF LIABILITY

RELEASE OF LIABILITY: I have familiarized myself with the Christian Leadership Institute program. I recognize and acknowledge that there are risks in my child's presence and participation in the Christian Leadership Institute at the St. Columban Center on **June 26 - July 2, 2015**. I agree to indemnify, hold harmless, waive and relinquish all claims I may have against the Diocese of Buffalo, its parishes, schools and institutions, including any negligence claims on their part and its officers, agents, employees, representatives or volunteers arising out of or caused by any activity my child participates in while at the event. I understand that as a parent or legal guardian, I remain fully responsible for any legal responsibility that may result from actions taken by my child.

MEDICAL RELEASE: In signing this form, I hereby certify that the medical information provided on reverse side is correct and give permission for the release of medical records to an attending physician in case of emergency illness. My permission is hereby given to the representatives of the Diocese of Buffalo to authorize by his/her signature, whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance in the event of an accident or medical emergency in which the parent or guardian cannot be reached. It is understood that every attempt to reach the parent or guardian will be made. If the physician listed below cannot respond, I authorize any licensed physician or medical center to treat the participant designated above.

MEDIA RELEASE: I give permission for photographs or video of program participants including my child to be used in publications, web sites, brochures, flyers, social networking or other promotional materials produced from time to time by the Department of Youth & Young Adult Ministry and the Diocese of Buffalo. I acknowledge that radio stations, television stations, newspapers and web sites occasionally cover Department activities and may request an interview with my child. I give permission to the parish/school, the diocese and all print, radio, television and Internet media outlets to use the images, voices and words of my child without any limitation or restriction, and with no financial compensation, for the purpose of promoting the parish/school, Department of Youth & Young Adult Ministry and Diocese of Buffalo related events. In the case of the *Western New York Catholic* and Daybreak TV Productions, both of the Diocese of Buffalo, I give permission to use the images, voices and words at any time. Parents or guardians who do not wish their child to be photographed or filmed, or who do not wish their child to speak with the media should notify the program directors in writing.

Parent/Guardian Signature _____ Date _____

Family Health Insurance Company _____

Policy number _____

Contact Information during CLI:

Mother's Name: _____

(h)_____ (w)_____ (cell)_____

Father's Name: _____

(h)_____ (w)_____ (cell)_____

Alternate Contact Name: _____ Relationship: _____

Phone numbers: (h)_____ (w)_____ (cell)_____