

Sts. John & Paul FUEL Youth Ministry

Spring Retreat – March 20-22, 2015

Due: February 28, 2015---Cost: \$70.00 Per Person

NAME _____ AGE _____ GRADE _____ SEX F M

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____ EMAIL _____

I/WE, the parents or guardians of the above mentioned child do hereby give permission for him/her to participate in above mentioned program on the above mentioned dates.

In consideration of the agreement of Sts. John and Paul Youth Ministry to allow my child to participate in said activity, AND INTEND TO BE LEGALLY BOUND HEREBY, I agree to indemnify and hold harmless Sts. John and Paul Parish, Youth Ministers, Youth Advisors, the Roman Catholic Diocese of Pittsburgh, Bishop David Zubik, and his successors, and legal representatives against loss from any and all claims, demands and actions at any time brought by my child, or any acting on his/her behalf, for the purpose for enforcing a claim for damages because of any injury to my child as a result of or in any way related to his/her participation in the above mentioned activity.

I/We hereby authorize treatment of my/our child, a minor, by a licensed medical physician in case of any accident or illness that may arise, or any hospitalization necessary. I/We agree that incase of injury to my/our child, I/We will apply our hospitalization and/or accident insurance toward the payment of expenses incurred and will not look to Sts. John and Paul Parishes, or the Roman Catholic Diocese of Pittsburgh for the payment of any medical cost. IN WITNESS WHEREOF I/We execute this Hold Harmless and Indemnification Agreement the _____ day of _____, 201__.

Parent/Guardian Signature _____

Parent/Guardian Phone Number _____

Insurance Company _____

Policy Number _____

Name and Phone Number of Emergency Contact if Parent/Guardian cannot be reached _____

MORE INFORMATION ON OTHER SIDE

CONSENT TO TREAT

I/We the undersigned parent(s)/guardian(s) of _____, a minor, do hereby authorize treatment of my/our child by a licensed medical physician in case of any accident or illness that may arise, or any hospitalization necessary.

Father/Legal Guardian

Mother/Legal Guardian

Date: _____ This consent form is effective for the duration of this event only.

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes.

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. My child will administer his/her own medication.

Signature: _____ Date: _____

I hereby grant permission for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

Signature: _____ Date: _____

No medicating of any type whether prescription or nonprescription may be administered to my child unless the situation is life threatening and emergency treatment is required.

Signature: _____ Date: _____

Any known allergies? _____

Any physical limitations? _____

Any medically prescribed dietary needs? _____

Is your child a vegetarian? YES NO

Is your child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting?

YES NO

If yes, explain: _____

MORE INFORMATION ON OTHER SIDE