



CATHOLIC
DIOCESE
OF WICHITA

CATHOLIC DIOCESE OF WICHITA
424 NORTH BROADWAY • WICHITA, KANSAS 67202

OFFICE OF VOCATIONS
PHONE: (316) 269-3900 • FAX: (316) 269-3902

Medical Liability Release Form

Once completed print and sign the form.

Return signed medical release form BY November 7th to: Office of Vocations/424 N. Broadway/Wichita, KS 67202

NAME OF PARTICIPANT _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

PHONE _____ ☐ M ☐ F HEIGHT _____ WEIGHT _____ AGE _____

EMERGENCY CONTACT 1 NAME _____ Relationship to Participant _____

ADDRESS (if different from participant) _____

CONTACT HOME/CELL PHONE _____ CONTACT WORK PHONE _____

EMERGENCY CONTACT 2 NAME _____ Relationship to Participant _____

ADDRESS (if different from participant) _____

CONTACT HOME/CELL PHONE _____ CONTACT WORK PHONE _____

INSURANCE COMPANY _____ POLICY # _____

Please list any allergies/present medical conditions with current medications and dosage/activity and/or food restrictions: _____

CONTACT LENSES? ☐ YES ☐ NO

Medical Permission for Youth and Adults

I grant permission in the event I/my child is injured or becomes ill for medical care to be administered to me/my child and to use my/our personal insurance to cover such incidents. I hereby give permission to the physician selected to render medical treatment deemed necessary and appropriate by the physician.

Permission for Other Medical Matters

☐ YES ☐ NO in the event it comes to the attention of the diocesan and/or parish chaperones that my child complains of illness, I grant permission for non-prescription medication (such as Tylenol, lozenges, etc.) to be given to my child.

Release of Liability for Youth and Adults

☐ YES ☐ NO I understand all reasonable safety precautions will be taken at all times by the Catholic Diocese of Wichita and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Catholic Diocese of Wichita, its leaders, employees and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Code of Behavior for Youth and Adults

☐ YES ☐ NO I agree to abide by and/or instruct my child to abide by all rules and regulations as outlined by the aforementioned chaperones/representatives. I agree that if I/my child fail(s) to abide in any way by the rules, that I/my child can be dismissed from the trip/event and sent home immediately at my expense with no right of reimbursement or refund for any amount in connection therewith from the Diocese of Wichita or its chaperones/representatives.

Photo Release

☐ YES ☐ NO I hereby authorize the Catholic Diocese of Wichita, and its agents to utilize photographic and/or video images of me or my child by the Catholic Diocese of Wichita. In giving my consent, I hereby release and hold harmless the Catholic Diocese of Wichita and its agents from any and all responsibility or liability. I understand that I will receive no compensation, should any photograph and/or video of me or my child be used.

SIGNATURE OF PARTICIPANT _____ DATE _____

SIGNATURE OF PARENT/GUARIAN* _____ DATE _____

**Required if participant is under 18*