

ROMAN CATHOLIC DIOCESE OF ALBANY

40 North Main Avenue, Albany, New York 12203

Helping the Homeless

Consent and Medical Form - YOUTH

Participants NAME: _____

Address: _____

Birth Date: / / Grade: _____ Parish: Church of St. Mary

I, _____, grant permission for my child, _____
(name of parent/guardian) (name of youth participant)

to participate in Helping the Homeless held at Capital City Rescue Mission, South Pearl Street, Albany, NY on March 20, 2011 and if needed, to be evaluated, diagnosed, treated, and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve Church of St. Mary, Diocese of Albany, and the Office of Evangelization and Catechesis of all responsibility and consequences that may arise as the result of this treatment.

I will not hold Church of St. Mary, Diocese of Albany, and the Office of Evangelization and Catechesis, nor drivers, chaperons, or representatives, associated with Capital City Rescue Mission responsible in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment.

I also grant permission for my child to ride in a vehicle driven by a responsible adult (21 years or older), to and from the event.

My child agrees to abide by all rules and regulations decided upon by Church of St. Mary, Diocese of Albany, and the Office of Evangelization and Catechesis. I understand that Church of St. Mary, Diocese of Albany, will not be held liable if my child fails to cooperate with said regulations and that any infractions of the rules may result in immediate dismissal from the program. I further understand that I will be responsible for any costs or other requirements for immediate transportation home. The participant will not be left unattended while waiting for transportation home.

YOUTH PARTICIPANT

As a participant of the event, I, _____ understand and agree to the rules and
(youth's name)

regulations as determined by Church of St. Mary, Diocese of Albany, and the Office of Evangelization and Catechesis. I also understand and agree that I will notify my parents or guardian at the time of any infractions requiring my dismissal from the Helping the Homeless to be held at Capital City Rescue Mission, South Pearl Street, Albany, NY and that I will be sent home at my own and/or my parent's/guardian expense.

Signature: _____
(Parent/Guardian)

Signature: _____
(Youth Participant)

(OVER PLEASE)

MEDICAL INFORMATION

Allergies: _____

Medications child currently takes: _____

Does child have a medically prescribed diet?: _____

Any physical limitations?

Date of last tetanus booster: _____

Note any special medical conditions: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage is as follows:

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

Signature: _____ Date: ____ / ____ / ____

INSURANCE CARRIER: _____

POLICY CARRIER: _____ POLICY NUMBER: _____

IN CASE OF EMERGENCY AND I CANNOT BE REACHED, PLEASE NOTIFY:

Name: _____ Telephone Number: _____

Relationship to Youth Participant: _____

Signature: _____ Date: ____ / ____ / ____
(Parent/Guardian)

Address _____ City _____ State _____ Zip Code _____
Phone: _____

THANK YOU VERY MUCH