



Student Name: _____

Grade In School: 6 7 8

Are you coming with a parish group? YES NO

If yes, which parish group are you coming with? _____

Adventure Day Date + Time

Saturday, May 6, 2017

8:30am - 4:00pm

After you complete this paperwork please do the following:

- If you are coming with a parish group, return this paperwork to your parish group leader/youth minister with appropriate payment.
- If you are coming as an individual (Lost Sheep!), please mail the paperwork and payment (\$40 for the day) to the following address:

OEC - Shane Reinbold | 702 S. High Point Rd. #225 | Madison, WI 53719

Make checks out to **Diocese of Madison - OEC**

MEDICAL INFORMATION AND PARENTAL/GUARDIAN CONSENT FORM/LIABILITY WAIVER

In addition to the following medical information and waivers, please include a copy of your child's insurance card when returning your paperwork.

Participant's name: _____

I, _____ grant permission for my child, _____,
parent or guardian's name child's name

to participate in this parish/school event that requires transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of parish/school employees and/or volunteers from _____.

Name of Parish/School

A brief description of the activity follows:

Type of Event: Camp Gray Middle School Adventure Day - May 6, 2017

Individual in Charge (Parish Group Leader): _____ or Camp Gray Staff (Individual Registration)

Mode of Transportation To and From Event: Parents or Personal Vehicles of Parish Chaperones

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend _____, its officers, directors, employees and agents, and the Diocese of

Name of Parish/School

Madison, Bishop Robert Charles Morlino, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and the Diocese of Madison, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Diocese of Madison.

Signature: _____ Date: _____

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 that are applicable.)

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, use the Emergency Contact, in the event that both parents/guardians have already been contacted.

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary IN THEIR ORIGINAL CONTAINERS 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, are as follows: (Use an additional sheet of paper and attach, if needed.)

Signature: _____ Date: _____

I hereby grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Has your child received a tetanus/diphtheria immunization in the last 10 years?

Circle One: YES or NO

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.?

Circle One: YES or NO

If so, list date and disease or condition: _____

Madison Catholic Youth :: Student Information Form :: 2016 - 2017

* The Parish and Diocesan staff will take reasonable care to see that this information is held in confidence.

Student Name: _____ Sex: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Parish & City: _____ T-Shirt Size (Adult Unisex): _____

Grade In School (2016 - 2017): 6 7 8 9 10 11 12 Birthdate: _____

Parent/Guardian Name(s): _____

Home Phone Number: _____

Parent/Guardian #1 Cell Phone Number: _____ (Name: _____)

Parent/Guardian #2 Cell Phone Number: _____ (Name: _____)

Primary Family E-Mail Address: _____

Student's E-Mail Address: _____

*** The Emergency Contact must be someone other than the parents. In all emergency situations, parents will be the first contacted.**

Emergency Contact Name & Relationship: _____

Home Phone: _____ Cell Phone: _____

Family Doctor: _____

Family Health Plan Carrier: _____ Policy Number: _____

Allergies: _____

Dietary/Food Needs: _____

Physical Limitations: _____

Please share other medical or behavioral information that would be helpful for the adult leaders to confidentially know about your child:

* To provide further details, please attach an additional sheet of paper.