St. John the Baptist Confirmation

**CONSENT FORM & MEDICAL RELEASE 2014**

***(Please Include a COPY of your Medical Insurance Card)***

**PARTICIPANT’S FULL NAME:** *(Please Print)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BIRTHDATE:** \_\_\_/\_\_\_/\_\_\_  **MALE / FEMALE SCHOOL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I, *(name of parent or legal guardian)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the parent or legal guardian of *(name of child/participant)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I hereby grant permission for my child/participant to fully participate in all activities or events that St. John the Baptist Confirmation Retreat sponsors or attends from July 2014 to June 2015. I understand that all activities or events will take place under the guidance and supervision of a parish representative of the Adult Confirmation Team. \_\_\_\_\_\_\_ *(Initials of Parent/Guardian)*

In the event that travel is necessary for participation, I understand that my child/participant will be traveling to and from such activities or events in either a rented vehicle/bus or a personal vehicle driven by an advisor or chaperone. \_\_\_\_\_\_\_ *(Initials of Parent/Guardian)*

Authorization and permission is hereby given to furnish all necessary transportation, food, and lodging for my child/participant. \_\_\_\_\_\_\_ *(Initials of Parent/Guardian)*

I hereby warrant that to the best of my knowledge, my child/participant is in good health, and/or I have listed in detail on the accompanying medical information form any known allergies and/or any physical limitations my child/participant may have. \_\_\_\_\_\_\_\_ *(Initials of Parent/Guardian)*

In the event of an emergency, I hereby give permission to transport my child/participant to a hospital and hereby authorize medical treatment including, but not limited to, emergency surgery, and I, notwithstanding any question of liability involved in this emergency, fully and completely assume responsibility for all medical bills. In the event of an emergency, if you are unable to reach me at the listed telephone numbers, I authorize you to contact the listed emergency contact. \_\_\_\_\_\_\_\_ *(Initials of Parent/Guardian)*

Should it be necessary for my child/participant to return home due to medical reasons, disciplinary action or otherwise, I assume all responsibility and transportation costs. \_\_\_\_\_\_\_\_\_ *(Initials of Parent/Guardian)*

I hereby agree to indemnify and hold the St. John the Baptist Catholic Church and the Christian Formation Office and its respective members, directors, employees and agents (collectively, the “Indemnitees”) harmless from and against any and all claims, demands, actions, lawsuits and liabilities, including attorney’s fees and expenses sustained by the Indemnities as the result of the negligent, willful or intentional acts of my child/participant (regardless of age).\_\_\_\_\_\_\_\_ *(Initials of Parent/Guardian)*

**PARENT/LEGAL GUARDIAN’S NAME** *(Printed)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE** \_\_\_\_\_\_\_\_\_\_\_\_

**PARTICIPANT’S SIGNATURE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DATE** \_\_\_\_\_\_\_\_\_\_\_\_

Page 1 of 2

## MEDICAL INFORMATION

### FAMILY PHYSICIAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### INSURANCE NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSURANCE GROUP/POLICY NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ALERGIES** (medications, food, plants, insects, etc.) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### ANY PHYSICAL LIMITATIONS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE OF LAST TETANUS/DIPTHERIA IMMUNIZATION:**

**IS CHILD SUBJECT TO CHRONIC HOMESICKNESS, EMOTIONAL RECATIONS, NEW SITUATIONS, SLEEPWALKING, BEDWETTING, FAINTING, FATIGUE?**

**HAS CHILD RECENTLY BEEN EXPOSED TO CONTAGIOUS DISEASE OR CONDITIONS, SUCH AS MUMPS, MEASLES, CHICKEN POX, ETC? IF YES, PLEASE DATE DISEASE OR CONDITION:**

**YOU SHOULD BE AWARE OF THESE SPECIAL MEDICAL CONDITIONS OF MY CHILD:**

## CONTACT INFORMATION

### PARENT/GUARDIAN’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOME ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME PHONE ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### CELL PHONE ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OTHER PHONE ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

### EMERGENCY CONTACT 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY CONTACT 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*No child will be allowed to participate in any St. John the Baptist Confirmation function without this completed permission slip. Please notify the SJB Christian Formation Office if any CHANGES in the above information should occur over the course of the year.**

***\*\*(Please include a COPY of your Medical Insurance Card with this form)\*\****

Page 2 of 2