

2011 Diocese of Davenport
High School Youth Rally



Featuring God's Gardener,

Mike Patin!

*plus music by Leap of Faith ministries, Mass
with Bishop Amos, breakouts, food and more!*

Sunday, October 23rd, at the Coralville
Marriott
Cost: \$38

***Logistics: Arrive at 8:45 am. Supper at 5:15 pm.
Stay as late as 6 p.m. if you wish.***

***Deadlines: By 4PM on 10/7 (\$38) or by 4PM on 10/14 (\$43);
Make checks payable to: St. Mary's Youth and send to Patti at
302 East Jefferson Street***

www.davenportyouth.org

Diocese of Davenport 2011 ~ Permission, Health and Medical Release Form

Participant's Name: _____ Birth Date: _____ Age: _____

Parent/Guardian: _____ Home Phone: _____

Address: _____ Work Phone: _____

City/State/Zip: _____ Cell Phone: _____

In case of emergency and parent/guardian cannot be reached, alternate contact is:

Name: _____ Phone: _____

Insurance Information: Insurance Company: _____ Policy No.: _____

Policyholder: _____ **Please attach a copy of your insurance card.**

Health Information: Please circle any illnesses, allergies or medication reactions you've had; give approximate dates.

| | | | | |
|----------------|-----------|-----------------|-------------------|---------------------|
| Ear infections | Hay fever | Rheumatic fever | Chicken pox | Poison ivy |
| Diabetes | Measles | Insects | Convulsions | German measles |
| Mumps | Asthma | Penicillin | Other medications | Behavioral problems |

Any other: _____

Immunizations: Please list dates as accurately as possible

DTP Series Booster _____ Tetanus Booster _____ Polio OPV Booster _____ TB Test _____

Operations or serious injuries (include dates): _____

Chronic or recurring illness: _____

Activity or dietary restrictions (**if you need special foods, please alert parish leader**): _____

Any other health problems or comments regarding anything listed above: _____

If needed, my child may be given (circle each approved): ASPIRIN ACETOMINAPHEN IBUPROFEN

If you would like your child to participate in this event, please complete, sign and return this statement of consent. As parent or legal guardian, you remain fully responsible for any legal responsibility that may result from any personal actions taken by the named student. Participating adults must fill out the medical information and sign below.

Statement of Consent

Your child/legal dependent is eligible to participate in an activity at a location away from the school/parish site. This activity will take place under the supervision of _____ (Parish/School). Supervisor of Activity: _____

Volunteer Chaperone(s): _____

Date/Activity/Destination: **Oct. 23rd, Diocesan High School Youth Rally, Coralville Marriott Conference Center**

Departure Place/Time: _____ Return Place/Time: _____

Method of Transportation: _____ Student Cost: _____

I give permission for my child/legal dependent to participate in the above mentioned activity, sponsored by the Diocese of Davenport. I submit that this health history is accurate and correct so far as I know, and the person described herein has permission to engage in all planned activities, except as noted by me or examining physician. In the event of sickness or accident, the adults supervising this activity have my permission to secure medical care for my child/legal dependent. I hereby release the Diocese of Davenport and all adult sponsors from any and all claims arising out of or from any accident or other occurrence, causing injury to any person or property, during this event. *This information may be shared with other adults from the parish for the benefit of my child/legal dependent.*

In the event of an emergency, I hereby give permission to the physician selected by the adult/s supervising this activity to secure proper and adequate treatment including hospitalization, injection, anesthesia or surgery for myself, if of majority age, or the child/legal dependent listed, if a minor. I accept responsibility for all medical/surgical treatment charges, which may be incurred.

Photo Release: *Pictures of my child/legal dependent taken during event may be used in print or electronic media to publicize future events, unless I indicate to the Diocesan Coordinator of Youth Ministry in writing to the contrary.*

Parent/Guardian signature (if participant is a minor): _____ Date: _____

Adult participant signature: _____ Date: _____