



2011 Diocesan Jr Hi Youth Rally

# Peace Love Jesus

Sunday, March 20

10 a.m. - 4 p.m. ~ Regina High ~ Iowa City

## Featuring **Oddwalk Ministries**

*Type in your parish info here*

*Including:*

*Cost (if you add to diocesan fee)*

*T-shirt cost is \$10*

*Registration deadline (yours)*

*Contact info (name, phone #)*

*Time you leave church*

*Time you return to church*

*Grades you bring (6-8 or 7-8)*

*Any more info worth adding!*



**Diocese of Davenport ~ 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: **March 20, 2011 – Diocesan Junior High Youth Rally at Regina Catholic Education 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, Regina Catholic Education Center 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: \_\_\_\_\_