



*2012 Diocesan Jr Hi Youth
Rally*

Heaven

Planted in Our Hearts

Sunday, March 25

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

Featuring
**Vince
Nims**



WHO: 6th through 8th graders

Cost: \$21.00

T-shirts cost \$10;\$12 for 2X & 3X

Registration deadline:

March 11, 2012 before 4PM

Contact info: Patti McTaggart

319-337-4314 or pmctaggart@icstmary.org

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 25, 2012

Diocesan Junior High Youth Rally at ReginaHigh School Iowa City

Departure Place/Time: Regina High School - 9:30AM

Return Place/Time: Regina High School - 4PM

Method of Transportation: You will provide your own transportation

Student Cost: \$21.00 T-Shirts are \$10

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 High School 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: _____