

Roman Catholic Diocese of Albany
MEDICAL CONSENT, PERMISSION AND RELEASE FORM

I, _____, the parent or legal guardian of _____ authorize the employees, representatives and chaperones of St. Clements, Our Lady of the Annunciation Parish/Youth Ministry Adult Leadership to obtain emergency medical treatment, should it be necessary, during my teen's attendance and participation in all activities related to Workcamp 2017 at Christ the King Spiritual Life Center 575 Burton Rd. Greenwich, NY on August 7(5pm)-11(6pm), 2017 including traveling to work sites.

I understand that I will be notified immediately should it become necessary to obtain emergency treatment. The persons(s) who should be notified and the telephone number(s) are:

Name _____ Telephone _____

Name _____ Telephone _____

I consent and give permission for my teen's participation and attendance in Workcamp 2017. In consideration of my teen's attendance and participation, I hereby, for myself, my heirs, executors, administrators and assigns, waive and release any and all claims for damages I may have against St. Clements, Our Lady of the Annunciation Parish, The Roman Catholic Diocese of Albany, New York, their representatives, chaperones, employees, successors, and assigns arising out of any and all injuries by my teen while participating in Workcamp 2017.

Date ____ / ____ / ____ Signature _____

As a teen of St. Clements, OLA Parish/Youth Ministry, I understand and agree to follow the rules and regulations as determined by St. Clements, Our Lady of the Annunciation Parish/Youth Ministry Adult Leadership, and the Diocese of Albany for this Workcamp 2017. I also understand and agree that I will notify my parent or guardian at the time of any violations requiring my dismissal from Workcamp 2017 and that I will be sent home at my own and/or parent's/guardian's expense.

Parent/Guardian

Youth Participant

Signature _____

Signature _____

Date ____ / ____ / ____

Date ____ / ____ / ____

Please list any allergies, including food allergies: _____

Transportation by Adult Authorized Diocesan Drivers: _____

PROGRAM STAFF RELEASE AND CONSENT FORM

Name _____ Age _____ Grade _____

Parish _____ City _____

I, _____ (parent or legal guardian), give my permission for my teen to attend Work Camp 2017 at Christ the King Spiritual Life Center 575 Burton Rd. Greenwich, NY on August 7(5pm)-11(6pm), 2017 and, if needed, to be evaluated, diagnosed, treated, and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve the parish of the Church of St. Clements, Our Lady of the Annunciation and the Youth Ministry Adult leadership personnel of Workcamp 2017 of all responsibility and consequences that may arise as the result of this treatment. I will not hold St. Clements, Our Lady of the Annunciation parish or the Youth Ministry Adult leadership responsible in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment.

My teen agrees to abide by all rules and regulations decided upon by St. Clements OLA parish and the Youth Ministry Adult leadership of Workcamp 2017. I understand that neither St. Clements, Our Lady of the Annunciation parish nor the Youth Ministry Adult leadership of the event will be held liable if my teen fails to cooperate with said regulations and that any infractions of the rules may result in immediate dismissal from Workcamp 2017. I further understand that I will be responsible for any costs or other requirements for immediate transportation home.

Signature of Parent/Guardian _____
Date

MEDICAL INFORMATION

Allergies? _____

Required medications (please indicate dosage, frequency, etc.) _____

Special medical conditions _____

Date of last tetanus booster _____

Insurance Carrier _____ Policy Carrier _____

Policy Number _____

In case of emergency and I can't be reached please notify:

Relation to Youth _____ Phone _____

Signature of Parent/Guardian _____ Date _____

Address w/zip _____

Phone number _____

