

EVENT PERMISSION SLIP

Participant's Name: _____ DOB: _____
 Home Address: _____
 City: _____ State: _____ Zip Code: _____
 Parent/Guardian's Name: _____ Phone#: _____
 Alternate Phone #: _____
 Parish: _____ Grade: _____ Age: _____ Sex: M / F
 T-Shirt Size: YL YXL AS AM AL AXL Other: _____

CONSENT & LIABILITY WAIVER

IMPORTANT: To be filled out by the Parent/Guardian for youth under 18 years of age.
 If participant is 18 years of age or older, consent must be signed by the individual.

I (name of parent/guardian) _____, grant permission
 For my child (participant's name) _____, to participate in

6th-8th Grade Deanery Lock In to be held
Friday March 9th at 7pm to Saturday, March 10th at 5pm
At St. Raphael Catholic Church
1386 S. West End St.
Springdale, AR 72764

I agree on behalf of myself, my child's other parent if known, or living
 (name of parent) _____

My child named herein, or our heirs, successors and assigns, to hold harmless and defend
 the Diocese of Little Rock, the sponsoring parish (its pastor, youth minister, other agents,
 etc.) or any representatives associated with the scheduled activity unless the parties
 involved were careless or negligent.

Signature(Parent/Guardian) _____ Date _____
 Signature _____ Date _____

MEDICAL CONSENT

Medical matters – I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance to your wishes:

Emergency Medical Treatment - In the event of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of any emergency and you are unable to reach me, contact: _____

Name & Relationship: _____ Phone#: _____
 Family Doctor: _____ Phone#: _____

Medications: My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows: _____

My child is taking the following medication(s) at the present time: _____
 Dosage: _____ Administer: _____

_____ I hereby **DO NOT GRANT PERMISSION** for medication of any type, whether prescription or non prescription may be administered by my child unless the situation is life threatening and emergency treatment is required. (Please initial)

_____ I hereby **GRANT PERMISSION** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. (Please initial)

MEDICAL CONDITIONS INFORMATION

(Diocesan personnel will take reasonable care to see that the following information will be held in confidence)
 My son/daughter has: _____

Has had an episode of the following or has been diagnosed Seizures Asthma Diabetic
 Allergic reactions to the following (foods, dyes, latex, etc.) _____

Has had medical surgery within the last six months? Yes No Still under Doctor's care: Yes No
 Has a medically prescribed diet? _____

Has the following physical limitations? _____
 Immunizations current & up to date: Yes No Date of last tetanus/diphtheria immunization _____
 You should be aware of these special medical conditions of my child: _____

INSURANCE INFORMATION (Please attach a copy of the Insurance Card, front and back, with this form)

Insurance Carrier: _____
 Name of Insured: _____ Insurance Policy # _____
 Insurance ID # _____ Birth Date: _____
 Father's Name: _____
 Place of Employment: _____
 Mother's Name: _____ Birth Date: _____
 Place of Employment: _____
 No, I do not carry medical insurance at this time.

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself).

Signature(Parent/Guardian) _____ Date _____
 Signature _____ Date _____
 (Participant 18 years of age or older must sign own consent)